



# Office of Student Resources (OSR) Disability Services

## Student Services Application Renewal Form

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ ORU Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Are you interested in discussing changing any of your current accommodations? ☐ Yes ☐ No

Have you completed your enrollment for the upcoming semester? ☐ Yes ☐ No

Are you planning on graduating after this upcoming semester? ☐ Yes ☐ No

(Please remember that if you have limitations that might affect your Health and Physical Education courses, you must renew the HPE Accommodation Documentation Form at the beginning of each year.)

Comments for our office: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### By signing this application, you agree to the following statements:

1. I certify that I am the student listed on this form and that all information is true, correct, and complete. *Initials:*
2. I understand that I am initiating a disability eligibility review. *Initials:*
3. I understand that if I am eligible for services and/or accommodations, I will be registered with the OSR. *Initials:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_