

Request for Disability Services

Name: _____ Student ID# _____

Age: _____ Date of Birth: _____ Gender: ____ Female ____ Male

Local Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

What is your major/goal at SCC? _____

What is the nature of your disability? (Check all that apply)

___ Blind/Visual Impairment

___ Learning Disorder

___ Deaf/Hearing Impairment

___ Psychiatric/Psychological Disorder

___ Motor/Mobility Impairment

___ Attention Deficit Disorder

___ Speech Impairment

___ Brain Injury

___ Chronic Illness

___ Temporary Disability

___ Other (Please specify): _____

How does this disability affect you? _____

What types of services or accommodations have you received in the past (i.e. in high school or other college)? Please include any equipment or technologies you have used to accommodate your disability.

What services or accommodations do think you might need while you are in school? _____

If you have visual impairment, what is your method of reading?

___books on tape ___Braille ___large print/magnification ___other: _____

If you have a hearing impairment, how do you compensate?

___interpreter/sign language ___lip reading ___other: _____

Are you currently working with Vocational Rehabilitation (VR)? _____ In what city? _____

Counselor's Name: _____

Please list any other agencies you are presently working with and what type of assistance you receive from them: _____

By signing below, I certify that the information provided on this form is correct. I understand that eligibility for specific accommodations/services is determined on an individual basis and only with supportive documentation. I authorize Disability Support Services to disclose information about my disability and functional limitations to SCC faculty and staff directly involved in providing academic or support services as needed*.

Signed: _____ Date: _____

*All documentation and records provided will be maintained in a confidential manner as outlined in the Family Rights and Privacy Act (FERPA) of 1974. Disability information is shared only on a limited basis within the College and then only when there is compelling reason for the individual seeking the information to have knowledge of a specific aspect of this confidential information. Disability-related records are maintained separately from academic files and are excluded from free access under FERPA.