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| SCC Logo |
| Student Accessibility Registration Form |
| **Personal Information** |
| Student Name (First, M.I., Last):      | Name You Prefer to be Called:      |
| Student ID Number:       | Date of Birth (MM/DD/YYYY):       |
| Local Mailing Address:       |
| City, State, Zip Code:       |
| Primary Phone:      CELL [ ]  HOME [ ]  WORK [ ]  | Secondary Phone:      CELL [ ]  HOME [ ]  WORK [ ]  |
| SCC Email:       | @students.southwesterncc.edu |
| Alternate Email:       |
| Intended Major or Academic Goal:       |
| What are your strengths (academic and personal)?      |
| **Disability Information** |
| What is the Nature of Your Disability or Disabilities? (Check all that apply) |
| [ ]  ADD / ADHD | [ ]  Hard of Hearing or Deaf |
| [ ]  Learning Disability | [ ]  Visual Impairment or Blind |
| [ ]  Autism Spectrum Disorder / Asperger Syndrome | [ ]  Chronic Health Condition |
| [ ]  Mental Health / Psychological Condition | [ ]  Mobility Impairment |
| [ ]  Acquired or Traumatic Brain Injury (ABI or TBI) |  |
| [ ]  Other (Please specify):       |
| List agencies (i.e. Vocational Rehabilitation, Services for the Blind, etc.) that you are currently working with.      |
| What disability-related barriers or difficulties negatively affect you as a student?      |
| **Accommodation Information** |
| Have you received accommodations for a disability in the past (in high school or at another college)?      |
| If yes, what types of accommodations did you receive?      |
| What types of equipment or technology have you used that have been beneficial in helping to minimize or remove disability-related barriers?      |
| By signing below, I certify that the information provided on this form is correct. I understand that eligibility for specific accommodations and services is determined on an individual basis and only with supportive documentation of my disability/disabilities. I authorize the office of Learner Accessibility & Equity to disclose information about my disability and functional limitations to SCC faculty and staff directly involved in providing academic or support services to me as needed.\* |
| Student Signature:       | Date:       |
| \*All documentation and records provided are 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 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 stored separately from academic files and are excluded from free access under FERPA. |
|  | OFFICE USE ONLY:[ ]  Approved For Drill Notification            |
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