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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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