



SOUTHWESTERN COLLEGE

Office of Disability Services

Application for Disability Services

Name: _____ Date: _____

Birth date: _____ Gender: Male _____ Female _____

Current Address: _____

Personal Email Address: _____

Telephone: _____

Emergency Contact: _____ Telephone: _____

Relationship to Emergency Contact: _____

Class year: Freshman _____ Sophomore _____ Junior _____ Senior _____

Major: _____ Advisor: _____

Type of disability: Physical _____ Learning _____ Both _____

Brief explanation of disability:

Have you submitted your documentation to this office? Yes _____ No _____

What kind of documentation have you submitted? IEP _____ Statement of Diagnosis _____

Medical Records _____ Psycho/Educational _____ Audiogram _____ Other _____

Are you currently enrolled in the Recording for the Blind and Dyslexic Program? _____

If so, what is your RFB&D #: _____

Do you qualify for Vocational Rehabilitation? _____

If so, who is your counselor? _____

Counselor address: _____

Counselor telephone number: _____

Please list the accommodations/services you are requesting based on documentation and/or past services:

I understand the goals of this program and that participation is optional. I authorize the staff to use my student records and share information with faculty and staff to assist in providing program services. I also understand it is my responsibility to arrange accommodations with my instructors. If I am having difficulty with accommodations, it is my responsibility to notify the Office of Disability Services of any changes I have made to my schedule.

Signature

Date