



**STUDENTS WITH DISABILITIES  
APPLICATION FOR SERVICES**

Application Date: \_\_\_\_\_  
Date Received by Disability Coordinator: \_\_\_\_\_  
Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Datatel or Social Security Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_  
Work Hours: \_\_\_\_\_ May we contact you at work? Yes \_\_\_ No \_\_\_  
E-mail Address: \_\_\_\_\_  
In case of emergency, person you wish to be contacted:  
#1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
#2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student's Rehabilitation Services Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance: Uninsured \_\_\_\_\_ Private \_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_  
Preferred Method of Written Communication: \_\_\_\_\_ E-mail \_\_\_\_\_ Letter \_\_\_\_\_

**EDUCATIONAL INFORMATION**

Date of high school graduation: \_\_\_\_\_ Date awarded GED certificate: \_\_\_\_\_  
Current year in college: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Not currently enrolled  
List **all** colleges previously attended or currently attending:  
(1) \_\_\_\_\_ Last enrollment date: \_\_\_\_\_  
(2) \_\_\_\_\_ Last enrollment date: \_\_\_\_\_  
(3) \_\_\_\_\_ Last enrollment date: \_\_\_\_\_  
(4) \_\_\_\_\_ Last enrollment date: \_\_\_\_\_  
(5) \_\_\_\_\_ Last enrollment date: \_\_\_\_\_  
Semester enrolled at PCCUA: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer I \_\_\_\_\_  
Summer II \_\_\_\_\_ Summer Extended \_\_\_\_\_

**DISABILITY INFORMATION**

Place a check mark next to the correct statement that identifies your disability/disabilities. Mark all that apply.

<b>Primary</b>		<b>Secondary</b>		<b>Tertiary</b>	
<input type="checkbox"/>	Hearing impaired	<input type="checkbox"/>	Hearing impaired	<input type="checkbox"/>	Hearing impaired
<input type="checkbox"/>	Deaf	<input type="checkbox"/>	Deaf	<input type="checkbox"/>	Deaf
<input type="checkbox"/>	Visually impaired	<input type="checkbox"/>	Visually impaired	<input type="checkbox"/>	Visually impaired
<input type="checkbox"/>	Blind	<input type="checkbox"/>	Blind	<input type="checkbox"/>	Blind
<input type="checkbox"/>	Mobility Impaired	<input type="checkbox"/>	Mobility Impaired	<input type="checkbox"/>	Mobility Impaired
<input type="checkbox"/>	Require Assistive device Specify Type:	<input type="checkbox"/>	Require Assistive device Specify Type:	<input type="checkbox"/>	Require Assistive device Specify Type:
<input type="checkbox"/>	Speech Impaired	<input type="checkbox"/>	Speech Impaired	<input type="checkbox"/>	Speech Impaired
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Learning Disability
<input type="checkbox"/>	Chemical Dependency  Type: Alcohol or Drug	<input type="checkbox"/>	Chemical Dependency  Type: Alcohol or Drug	<input type="checkbox"/>	Chemical Dependency  Type: Alcohol or Drug
<input type="checkbox"/>	Psychiatric Disorder  Type:	<input type="checkbox"/>	Psychiatric Disorder  Type:	<input type="checkbox"/>	Psychiatric Disorder  Type:
<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	Seizure Disorder
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

Please describe any other important information about your disability you would like to disclose. Use back of page if necessary.

**TYPE OF ACCOMMODATION REQUESTED**

<b>General</b>		<b>Classroom</b>		<b>Testing</b>	
<input type="checkbox"/>	Disabled parking	<input type="checkbox"/>	Tape lectures	<input type="checkbox"/>	Extended time
<input type="checkbox"/>	Use personal care assistant	<input type="checkbox"/>	Front row seating	<input type="checkbox"/>	Interpreter
<input type="checkbox"/>	Help ordering books on tape	<input type="checkbox"/>	Help finding note takers	<input type="checkbox"/>	Voice calculator
<input type="checkbox"/>	Priority registration	<input type="checkbox"/>	Interpreter	<input type="checkbox"/>	Electronic speller
<input type="checkbox"/>	On-campus route planning	<input type="checkbox"/>	Clear view lip reading	<input type="checkbox"/>	Braille tests
<input type="checkbox"/>	Orientation/mobility	<input type="checkbox"/>	Assistive listening device	<input type="checkbox"/>	Large print tests
<input type="checkbox"/>	Referral for tutoring	<input type="checkbox"/>	Large print handouts	<input type="checkbox"/>	Test orally or on tape
<input type="checkbox"/>		<input type="checkbox"/>	Visual Material described	<input type="checkbox"/>	Scribe to record answers
<input type="checkbox"/>		<input type="checkbox"/>	Physical assistance in labs	<input type="checkbox"/>	Distraction free room
<input type="checkbox"/>		<input type="checkbox"/>	Wheelchair height tables	<input type="checkbox"/>	Use a computer
<input type="checkbox"/>		<input type="checkbox"/>	Wheelchair accessible classroom	<input type="checkbox"/>	Wheelchair accessible classroom
<input type="checkbox"/>		<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

**PERMISSION TO DISCLOSE DISABILITY TO INSTRUCTORS**

I, \_\_\_\_\_, grant \_\_\_\_\_, the Disability Coordinator on the Helena, DeWitt, or Stuttgart campus, permission to notify my current instructor(s) of my self-disclosed disability, and my request for reasonable accommodations.

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