



Section 1: Student Information

Name: _____ Student ID#: _____
Last First MI

Email: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

School Year: _____ Quarter: _____ Fall _____ Winter _____ Spring

Section 2: Education Information

Major/Program: _____

Advisor: _____

Section 3: Disability Information

1. Please identify and describe your disability:
2. How does your disability limit your major life activities, including learning? What barriers does it create?
3. What accommodations will you need to alleviate or lessen the effects of these barriers?

4. In what subject might you need tutoring?

5. Are you registered with Vocational Rehabilitation? Yes _____ No _____ State _____ Tribal _____ VA _____

Section 4: Student Responsibilities

I understand it is my responsibility to inform my instructors of my accommodations the first week of class.

I will show them my accommodation card.

Section 5: Authorization

_____ I give the Disability Service Coordinator permission to correspond with my SKC instructors regarding disabilities accommodations.

_____ I **DO NOT** give the Disability Service Coordinator permission to correspond with my SKC instructors regarding disabilities accommodations.

Student

Date

Disability Service Coordinator

Date