



Application for Services

- Curriculum
- Dual Enrollment
- Early College
- Continuing Education
- Transitional Studies

**SECTION I: STUDENT INFORMATION**

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Address: \_\_\_\_\_  
Street and Number City State Zip Code

Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_

Campus Email: \_\_\_\_\_  Personal E-mail: \_\_\_\_\_

**SECTION II. STUDENT STATUS AT TIME OF APPLICATION (SELECT ONE):**

New PCC Student/Recent Graduate: School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Previous PCC/ College Transfer Student (Name of School): \_\_\_\_\_

GED / ADULT BASIC SKILLS / CONTINUING ED / EARLY COLLEGE

Accommodations you are requesting and/or have received elsewhere \_\_\_\_\_

**SECTION III. DIAGNOSIS (SELECT ALL THAT APPLY):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADD/ADHD                   | <input type="checkbox"/> Deaf   | <input type="checkbox"/> Orthopedic Disorder/Mobility |
| <input type="checkbox"/> Anxiety Disorder           | <input type="checkbox"/> Intellectual Disability                        | <input type="checkbox"/> Psychiatric                  |
| <input type="checkbox"/> Autism                     | <input type="checkbox"/> Learning Disability                            | <input type="checkbox"/> Spinal Cord Injury/Mobility  |
| <input type="checkbox"/> Visual Impairment          | <input type="checkbox"/> Hard of Hearing                                | <input type="checkbox"/> Traumatic Brain Injury       |
| <input type="checkbox"/> Temporary Disability _____ | <input type="checkbox"/> Organic Brain Disorder (Seizure, Cancer, etc.) | <input type="checkbox"/> Other _____                  |

**SECTION IV. Confidentiality Statement**

I \_\_\_\_\_, understand that the Office of Accessibility Services will not release any of my confidential information to others without my consent or completion of a signed "Consent for Release of Confidential Information" and a signed "Permission to Disclose Records" form unless otherwise required by law.

\_\_\_\_\_  
Student Signature (and Parent/Guardian Signature if under age 18) Date

\_\_\_\_\_  
ODS Staff Date