



Application for Service Students with Disabilities

Today's Date _____

Name _____ Social Sec. Number _____

Permanent Address, City & Zip _____

Local Address (if different) _____

Email Address _____ Date of Birth _____

Home Phone _____ Local Phone _____

Disability _____

When was your disability first diagnosed and by whom? _____

What services do you feel you need to be successful? _____

What other agencies are assisting you and who are your contacts there? _____

RELEASE OF INFORMATION

I, _____, give the Counseling Department at Western Texas College permission to discuss my disability, my testing records, and possible accommodations with the **Disabilities Committee**.

Signature (Parent signature if under 18)

Date

I, _____, give the Counseling Department and/or the Disability Committee at Western Texas College permission to discuss my disability and accommodations with my **instructors** or other relevant college personnel as needed to deliver appropriate services.

Signature (Parent signature if under 18)

Date

I, _____, give the Counseling Department and/or the Disability Committee at Western Texas College permission to assist me in seeking **services from other agencies** to help provide quality, affordable accommodations for my disability. I understand this might necessitate discussing my disability with other persons outside the College.

Signature (Parent signature if under 18)

Date

STUDENT NOTIFICATION OF RIGHTS AND RESPONSIBILITIES

I, _____, have received a copy of and have read the **Student's Rights and Responsibilities**, and I agree to abide by them as much as possible.

Signature (Parent signature if under 18)

Date