



C O L L E G E

One of the Alamo Community Colleges

REQUEST FOR DISABILITY SERVICES

Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

College registered under (circle one): NLC SAC SPC College Major: \_\_\_\_\_

Are all of your classes taken at NLC? \_\_\_\_\_ Email: \_\_\_\_\_

Are you receiving services from the following agencies? (Check All That Apply)

[ ] DARS [ ] Texas Commission for the Blind [ ] Veterans Administration

[ ] Other(s): \_\_\_\_\_

Name of Above Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your disability? \_\_\_\_\_

Please check any major life activities that you feel are severely impacted by your disability:

- [ ] Self-Care [ ] Breathing [ ] Concentrating [ ] Thinking
[ ] Walking [ ] Sitting [ ] Reading [ ] Interacting w/ Others
[ ] Seeing [ ] Standing [ ] Learning [ ] Limited Use of Hands
[ ] Hearing [ ] Reaching [ ] Working [ ] Other: \_\_\_\_\_

To equalize my chances of success in the classroom, I would benefit from the following accommodations:

\_\_\_\_\_
\_\_\_\_\_

I give my permission for the above information to be made available to my instructors, the college nurse, and other individuals employed by Northeast Lakeview College who require this information to provide for my educational needs.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Northeast Lakeview College is an EOE. Inquiries or complaints concerning these matters should be brought to the attention of the Director of Human Resources, Title IX Coordinator, 201 W. Sheridan, Bldg. A, San Antonio, TX 78204, 210-208-8051. For any special accommodations issue or an alternate format, contact the office of Disability Support Services at 210-486-5487.

Return to: Anna Rohrbach, Disabilities Specialist \* 8300 Pat Booker Rd. \* Live Oak, TX 78233 \* 210-486-5487