



ALAMO COLLEGES

Banner ID: _____

Initial Request for Disability Services

Name: _____ Email: _____@student.alamo.edu

Address: _____
Street address City state Zip

Phone: _____ Alternate Phone: _____

Date of Birth _____ Gender () Male () Female

College Major: _____ Home Campus () NLC () NVC () PAC () SAC () SPC

Emergency Contact Name: _____ Phone: _____

Are you receiving services from the following agencies?

() DARS _____ () Veterans Administration () Other _____

Agency Contact Name _____ Phone _____ Email _____

What is your disability? _____

Please check any major life activities that are difficult due to your disability.

- Self-care, Breathing, Concentrating, Thinking, Walking, Sitting, Reading, Interacting with others, Seeing, Standing, Learning, Limited use of hands, Hearing, Reaching, Working, Other: _____

What accommodation needs are you requesting?

The Office of Disability Services will determine reasonable accommodations as appropriate under the Americans with Disabilities Act (ADA.)

Student's Signature

Date

Initial Semester & Year

The Alamo Colleges do not discriminate on the basis of race, color, religion, gender, national origin, age, disability, veteran status, genetic information or sexual orientation with respect to access, employment programs, or services. Inquiries or complaints concerning these matters should be brought to the attention of: Associate Vice Chancellor of Human Resources and Organizational Development, Title IX Coordinator, (210) 485-0200. Address: Human Resources Department, 201 W. Sheridan, Bldg. A, San Antonio, Texas 78204.