



# ALAMO COLLEGES DISTRICT Northeast Lakeview College

## Request for Disability Support Services for Registration/Enrollment Steps

The proponent department is Disability Support Services

THIS FORM IS PROTECTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

**AUTHORITY:** Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990; Northeast Lakeview College Catalog

**PRINCIPAL PURPOSE:** Used to qualify a disability and review requested accommodations for a prospective student participating in the registration/enrollment process.

**ROUTINE USES:** Request by a prospective student in the registration/enrollment process to receive accommodations due to a qualified disability.

**DISCLOSURE:** Voluntary. Failure to furnish information may result in denial of accommodations.

1. STUDENT ID	2. HOME COLLEGE <input type="checkbox"/> NLC <input type="checkbox"/> NVC <input type="checkbox"/> PAC <input type="checkbox"/> SPC <input type="checkbox"/> SAC	3. DATE OF REQUEST
4. STUDENT NAME (LAST, FIRST)	5. STUDENT EMAIL (ACES) @student.alamo.edu	6. DATE OF BIRTH
7. PRIMARY STREET ADDRESS	8. CITY	9. STATE
		10. ZIP
11. PRIMARY PHONE	12. EMERGENCY CONTACT PHONE	13. SEMESTER REQUESTED <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer

### 14. PLEASE SELECT ONE OF THE FOLLOWING

- ☐ First time requesting Disability Support Services within the Alamo Colleges District (Initial Request)
- ☐ Returning for Disability Support Services within the Alamo Colleges District (Renewal Request)

### 15. ARE YOU RECEIVING DISABILITY SERVICES FROM ANY OTHER COMMUNITY AGENCY

### 16. WHAT IS YOUR DISABILITY?

### 17. PLEASE CHECK ANY MAJOR LIFE ACTIVITIE(S) THAT ARE LIMITED DUE TO YOUR DISABILITY?

Check all that apply:

- |                                    |                                    |                                   |  |                                      |
|------------------------------------|------------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Self-Care | <input type="checkbox"/> Breathing | <input type="checkbox"/> Thinking | <input type="checkbox"/> Concentrating           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Walking   | <input type="checkbox"/> Sitting   | <input type="checkbox"/> Reading  | <input type="checkbox"/> Interacting with Others |                                      |
| <input type="checkbox"/> Seeing    | <input type="checkbox"/> Standing  | <input type="checkbox"/> Learning | <input type="checkbox"/> Limited Use of Limbs    |                                      |
| <input type="checkbox"/> Hearing   | <input type="checkbox"/> Reaching  | <input type="checkbox"/> Working  | <input type="checkbox"/> Talking                 |                                      |

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18. WHAT ACCOMMODATION(S) ARE YOU REQUESTING

19. WHAT REGISTRATION/ENROLLMENT STEP ARE YOU REQUESTING ACCOMMODATIONS

**The Office of Disability Support Services will determine reasonable accommodations  
as appropriate under the applicable laws.**

**\*\*\*IMPORTANT NOTICE\*\*\***

These accommodations are for registration/enrollment steps only. A Request for Disability Support Services for Class Accommodations must be submitted for course/class accommodations.

20. STUDENT SIGNATURE

21. DATE

**FOR OFFICE STAFF USE ONLY**

22. RECEIVED BY

23. DATE