

# Initial Request for Disability Services

The proponent department is Disability Support Services

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

**AUTHORITY:** Northeast Lakeview College Catalog  
**PRINCIPAL PURPOSE:** Request by student to receive accommodations for a disability.  
**ROUTINE USES:** Used to evaluate and determine accommodations for students.  
**DISCLOSURE:** Voluntary. Failure to furnish information may result in denial of accommodations.



ALAMO  
COLLEGES

NORTHEAST LAKEVIEW COLLEGE

1. STUDENT BANNER 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. DEGREE/CERTIFICATE
14. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	15. ARE YOU RECEIVING DISABILITY SERVICES FROM ANY OTHER 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	

# Initial Request for Disability Services

The proponent department is Disability Support Services



ALAMO  
COLLEGES

NORTHEAST LAKEVIEW COLLEGE

18. WHAT ACCOMMODATION(S) ARE YOU REQUESTING?

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

19. STUDENT SIGNATURE

20. DATE

**Alamo Colleges will not discriminate against any employee, applicant for employment, student or applicant for admission on the basis of race, color, sex, pregnancy, religion, creed, national origin (including ancestry), citizenship status, physical or mental disability, age, marital status, sexual orientation, gender, transgender status, gender identity, gender expression, veteran or military status (including special disabled veteran, Vietnam-era veteran, or recently separated veteran), predisposing genetic characteristics, domestic violence victim status, any other protected category under applicable local, state or federal law, or persons who have opposed discrimination or participated in any complaint process on campus or before a government agency. Inquiries or complaints concerning these matters should be brought to the attention of: Linda Boyer-Owens, Associate Vice Chancellor of Human Resources and Organizational Development, Title IX/VII/ADA/504 Coordinator, (210) 485-0200. Address: Human Resources Department, 201 W. Sheridan, Bldg. A, San Antonio, Texas 78204.**