

REGISTRATION FOR DISABILITY SUPPORT SERVICES

*****To be filled out by the student*****

Name: _____ SS #: _____

Semester Enrolled: _____ Box #: _____

Home Address: _____ Home Phone: _____

_____ E-mail: _____

Condition: Check all that apply and provide appropriate diagnostic paperwork

- Learning Disability
- Attention Deficit Disorder
- Hearing Impairment
- Visual Impairment
- Mobility Impairment/Wheelchair user
- Medical Disability
- Neurological Impairment
- Psychological/Emotional

Special Needs: Check all that apply

- Housing
 - wheelchair accessibility – Please specify size of the wheelchair
 - handicap accessible restrooms in housing
 - air conditioning
 - accommodations for a guide dog
 - other
- Academics
 - extra time for tests
 - copies of lecture notes
 - textbooks on audio tape
 - tests in separate room
 - readers or scribes
 - DSS or LD support/advisor
 - other
- Physical Plant
 - ramps
 - curb cuts
 - elevators
 - handicapped parking
 - handicap accessible restrooms
 - other

Disability-related information is part of the official records of a student and protected by the Buckley Amendment. Information will not be released or discussed without student's consent except to College officials and faculty having legitimate educational interests. Student, please sign, thereby

giving your consent for the Director to share this information with any other appropriate professionals as needed.

Student's Signature: _____ Date: _____

THIS FORM MUST BE ACCOMPANIED BY DIAGNOSTIC DATA AND RETURNED ONE MONTH PRIOR OF ENROLLMENT TO DISABILITY SUPPORT SERVICES, EUREKA COLLEGE, 300 E. COLLEGE AVE., EUREKA, IL 61530. Phone: 309-467-6520.