

CONFIDENTIAL

**South College  
Department of Student Services  
Disability Services Registration**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Program of Study: \_\_\_\_\_

**Please describe your disability and the limitations encountered in the classroom.**

\_\_\_\_\_

What accommodations are you requesting? \_\_\_\_\_

\_\_\_\_\_

**Have you received accommodations at another college/university in the past?**  Yes  No

**If so, what types of accommodations have you received previously?**

\_\_\_\_\_

**Applicability of Accommodations Acknowledgement**

By signing below, I acknowledge understanding that any accommodation granted by South College is only applicable to South College courses. Further, I acknowledge that outside agencies that administer exams, such as licensing/certification exams or other exams, are not associated with South College and I will be required to apply for accommodation directly through the outside agency. South College has no knowledge of available accommodations with these agencies.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release of Information Authorization**

*Completing this release of information authorization is optional.*

I, \_\_\_\_\_, hereby agree to allow the Dean of Student Services to release disability-related information to South College faculty and staff members as it applies to academic policies, procedures, and accommodations. I also consent to allow the Dean to receive and/or share otherwise confidential information with an outside agency or licensed Professional when necessary.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name (Print Name):** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_