



Student Disability Services Registration Form

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Cell: _____ E-mail: _____

If not yet a South College student, when do you plan to start? _____

Academic Program: _____

In your own words, please describe your disability and any symptoms which impact you in the academic environment. Attach additional pages if necessary. Disability Diagnosis/Diagnoses:

Symptoms of this disability that could interfere with your academic success:

Please list any services that you require as a result of your disability and briefly describe them. All requests must be supported by recent and relevant medical documentation as described in the documentation guide. In addition, students are encouraged to submit high school IEP/504 Plans, accommodation letters from previous schools and any other documentation which may help us determine appropriate accommodations.

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

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

I give South College permission to review and retain educationally related diagnostic information, such as records, professional evaluations, and educational plans. I realize that this information will be kept separate from my academic records.

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: _____

Name (print): _____