

## **Student Disability Services Registration Form**

Name:				
Street:		City:	State:	Zip:
Cell:	E-mail:			
If not yet a South Co	llege student, when do	you plan to start	?	
Academic Program:_				
·	olease describe your di n additional pages if ne			act you in the academic
Symptoms of this dis	sability that could inter	fere with your aca	ademic success:	
be supported by recaddition, students a	ent and relevant medic	cal documentation it high school IEP,	n as described in the of	escribe them. All requests mus documentation guide. In odation letters from previous accommodations.
•	ccommodations at and		·	Yes No
•	I evaluations, and edu		,	stic information, suchas ation will be kept separate
College courses. Furficensing/certification	ther, I acknowledge the n exams or other exan lation directly through	at outside agenciens, are not associa	es that administer exa ted with South Colle	s only applicable toSouth ams, such as ge and I will be required to no knowledge of available
Signature of Student	::		Date:	
Name (print):				