

Wallace Community College
Application for Disability Support Services

DATE SUBMITTED TO DSS OFFICE: _____

Name: _____ Student ID #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: (____) _____ Alternate Phone: (____) _____

Student email address*: _____

Program of Study: _____

Explain your disability and current treatment: _____

What accommodations are you requesting**? _____

Do you take prescription medication? If yes, please name it, the dosage, and the physician who prescribed it.

Do you receive assistance from Department of Rehabilitation Services, Veteran's Affairs, Student Support Services or any other agency? If yes, please list your counselor/contact person and his/her location.

DSS Staff will communicate with you predominately through your student e-mail, so please be in the practice of checking it often.

** A history of accommodations in itself does not warrant the provision of similar accommodations at Wallace Community College.**

Once you make application for services and provide the appropriate documentation, as outlined in the Disability Support Services manual, the ADA Coordinator will review your paperwork and inform you of the accommodations you may receive.

****By submitting this form you give permission for the ADA Coordinator to discuss your information with your providing physician/agency and with appropriate WCC personnel.****
