**APPENDIX A**

**Application for Disability Support Services**

DATE SUBMITTED TO DSS OFFICE: Click or tap to enter a date.

Name: **Click or tap here to enter text.** Student ID #: **Click or tap here to enter text.**

Address: **Click or tap here to enter text.**

City: **Click or tap here to enter text.** State: **Click or tap here to enter text.**Zip Code: **Click or tap here to enter text.**

Primary Phone: **Click or tap here to enter text.** Alternate Phone: **Click or tap here to enter text.**

Student email address\*: **Click or tap here to enter text.**

Program of Study: **Click or tap here to enter text.**

Explain your disability and current treatment: **Click or tap here to enter text.**

What accommodations are you requesting\*\*? **Click or tap here to enter text.**

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

**Click or tap here to enter text.**

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.

**Click or tap here to enter text.**

\*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 and Accessibility Handbook, the DSS Coordinator will review your paperwork and inform you of the accommodations you may receive.\*\*\*

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