



## APPLICATION TO REQUEST DISABILITY SUPPORT SERVICES

Name	SWC ID		
<i>Last</i>	<i>First</i>	<i>M</i>	
Address			
<i>Street</i>	<i>City</i>	<i>ST</i>	<i>Zip</i>
Phone	Phone		
<i>Mobile/Home</i>	<i>Confidential (for leaving private messages)</i>		
Birthdate	College eMail		
Emergency Contact	Emergency Contact Phone		

**Southwestern College provides support services, through the Disability Support Services (DSS) Office, for eligible students with documented disabilities who intend to pursue coursework at SWC. Completion of this form constitutes an agreement to apply for DSS. Please complete the following and return to the DSS Office, Room S108, in the Student Services Center.**

Please check any disabilities that may apply to you:

Visual Impairment	Deaf/Hard of Hearing	ADHD/Autism Spectrum
Acquired Brain Injury	Learning Disability	Intellectual Disability
Mobility	Mental Health	Other Health Conditions:

At what age did your disability occur?

How does your disability impact your learning?

Please list any academic accommodations previously received:

### Have you received Special Education Services in the past?

Resource Specialist Program (RSP)	Special Day Class (SDC)	Speech/Language Therapy	Other
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### Are you a client of any of the following agencies?

Department of Rehabilitation	Regional Center	VA Rehab	County Mental Health
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### Have you applied for or are you currently participating in any of the following programs?

EOPS	Puente	MESA	Financial Aid	CalWORKs
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Are you a veteran? (optional)      Yes      No

### Student Responsibilities

1. I will provide DSS with recent written documentation (medical, educational, etc.) that verifies my disability.
2. I will meet annually with a DSS professional to update my Student Educational Contract.
3. I will follow the DSS Service Policy.
4. I will comply with Student Conduct Standards found in the Southwestern College Student Policy Manual.

**My signature certifies the application information is true. I understand the four student responsibilities.**

Applicant's Signature

DATE

I acknowledge receipt of voter registration information in compliance with the National Voter Registration Act. To request this material in alternate media, please call voice (619) 482-6512 or VP (619) 207-4480.

Office Use: Date Received \_\_\_\_\_ Initials \_\_\_\_\_