



APPLICATION FOR SERVICES

Last Name: _____ First Name: _____ M.I. _____
Pronouns: _____ Student A #: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____

CONTACT INFORMATION

Please list the ways you prefer to be contacted:

Phone: _____ (check type) Cell Home Video Phone TTY
Email Address: _____

BACKGROUND INFORMATION

How did you learn about the Access office? _____

Campus (es) you plan to attend: Forest Park Florissant Valley Meramec
Wildwood HEC SC WSG(Workforce Solutions Group) CE(Continuing Ed)

When will Access Services need to start? Fall Spring Summer Year _____

For **WSG** or **CE Only**: Month _____ Day _____ Year _____

Disability (Check all that apply):

Acquired Brain Injury	Deaf	Orthopedic Disability
Autism Spectrum	Partial Sight	Speech Disability
ADD/ADHD	Hard-of Hearing	Psychiatric Disability
Blind	Health Disability	Intellectual Development
Learning Disability	Language Impairment	Other _____

Based on your disability, what activities may cause barriers to your equal access (check all that apply):

Testing	Spelling	Concentration	Reading
Writing	Attendance	Speaking	Mobility
Math	Learning	College Materials & Information	Other_____

Based on the above-mentioned barriers, please indicate what accommodations you are requesting for equal access:

Is there anything else that might affect your ability to access the college's programs and services? YES NO

If yes, please explain? _____

DISCLAIMER

A student may submit this application at any time during their enrollment, but the College recommends submitting the application as early as possible to allow time to make any necessary arrangements.

Signature: _____ **Date:** _____

Or Legal Guardian: _____ **Date:** _____

Form available in alternate format upon request.