



## APPLICATION TO REQUEST DISABILITY SUPPORT SERVICES

Name \_\_\_\_\_ SWC ID # \_\_\_\_\_  
Last First M

Address \_\_\_\_\_  
Street City ST Zip

Home Phone \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Name Phone

Cell Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Email Address: \_\_\_\_\_  
(dd/mm/yyyy)

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

Please check any disabilities that may apply to you:

- |                                                |                                               |                                                          |
|------------------------------------------------|-----------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Visual Impairment     | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Speech/Language Communication   |
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Learning Disability  | <input type="checkbox"/> Developmentally Delayed Learner |
| <input type="checkbox"/> Mobility              | <input type="checkbox"/> Psychological        | <input type="checkbox"/> 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

### Are you a client of any of the following agencies?

- ☐ Department of Rehabilitation ☐ Regional Center ☐ VA Rehab ☐ County Mental Health

### Have you applied for or are you currently participating in any of the following programs?

- ☐ EOPS ☐ Puente ☐ MESA ☐ Financial Aid ☐ CalWORKs

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 above student responsibilities.**

Applicant's Signature \_\_\_\_\_ DATE \_\_\_\_\_ (dd/mm/yyyy)

- ☐ 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.