



## APPLICATION TO REQUEST DISABILITY SUPPORT SERVICES

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

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

Phone \_\_\_\_\_ Phone \_\_\_\_\_  
*Mobile/Home Confidential (for leaving private messages)*

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 (circle one)      ☐ ADHD/Autism Spectrum (circle one)  
☐ 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

### 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 with a DSS professional to discuss my progress each semester.
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 \_\_\_\_\_