



PLEASE USE BLACK OR BLUE INK TO COMPLETE THIS FORM

Name: \_\_\_\_\_ Semester: [ ] Fall [ ] Spring [ ] Summer I [ ] Summer II [ ] Winter
Year: \_\_\_\_\_
Student ID: M \_\_\_\_\_ Disability: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Check One: [ ] New Student [ ] Returning Student
Cell Phone: \_\_\_\_\_
E-mail: \_\_\_\_\_
Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_
Emergency Contact's Phone Numbers: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Services Requested

[ ] Same Accommodations as Last Semester
[ ] Additional Time for Tests
[ ] Notetaker
[ ] Lecture Notes
[ ] Permission to Tape
[ ] Computer w/Spell Check
[ ] Computer w/Voice Output
[ ] Calculator
[ ] Assistive Technology/Software
[ ] Sign Language Interpreter
[ ] Assistive Listening Device
[ ] Reader
[ ] Scribe
[ ] Table and Chair
[ ] Other \_\_\_\_\_

Please List Your Courses Below

Table with 2 columns: Campus - Check One (Rockville-RV, Germantown-GT, Takoma Park/Silver Spring-TP, Distance Learning/Online-ONLINE) and Course ID (Example- EN101). Rows for listing courses.

Emergency Evacuation/Medical Assistance

I WILL NEED ASSISTANCE IN EMERGENCY EVACUATION SITUATIONS. [ ] YES [ ] NO
I MAY REQUIRE MEDICAL ATTENTION FOR A CHRONIC ILLNESS. [ ] YES [ ] NO
\*\*\*IF 'YES' TO EITHER, THE FOLLOWING INFORMATION WILL BE SHARED WITH CAMPUS SECURITY.\*\*\*
Reason For Assistance: [ ] Blind [ ] Low Vision [ ] Mobility Impairment [ ] Seizure Disorder [ ] Other
Check If You Use Any Of The Following: [ ] Manual Wheelchair [ ] Motorized Wheelchair [ ] Motorized Scooter [ ] Walker [ ] Crutches [ ] Cane

I UNDERSTAND THAT ARRANGING SERVICES WILL NECESSITATE SHARING WITH MY INSTRUCTORS INFORMATION REGARDING MY DISABILITY AS IT RELATES TO MY ACADEMIC WELFARE. I GIVE MY PERMISSION FOR DSS PERSONNEL TO CONTACT MY INSTRUCTORS REGARDING MY ACADEMIC PROGRESS, AS NEEDED.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*OFFICE USE ONLY\*\*\*
NUMBER OF IC'S NEEDED \_\_\_\_\_ COUNSELOR \_\_\_\_\_
[ ] NEW [ ] SAME AS PRIOR [ ] CHANGED NOTES \_\_\_\_\_
ADVISING FROM A DSS COUNSELOR [ ] YES [ ] NO CODE(S): Primary \_\_\_\_\_ Secondary \_\_\_\_\_