



# Application for Services & Accommodations

Department of Student Affairs/Accessibility Services

120 N. Clovis Avenue, Clovis, CA 93612

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First MI*

Address (Local): \_\_\_\_\_  
*Street/Apt# City Zip*

Email: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_       Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(Please ✓ which is best to reach you)

Degree Program: \_\_\_\_\_ Year in Program: \_\_\_\_\_

Did you receive services and/or accommodations in high school (i.e., 504 plan or IEP)?     Yes     No

At your prior college, were you using services for students with disabilities on campus?     Yes     No

If you answered yes, please list accommodations/services received at the college:

What is your disability?

Does the disability affect the following academic activities?

- |                 |                         |              |
|-----------------|-------------------------|--------------|
| Reading Speed   | Reading Comprehension   | Spelling     |
| Math            | Taking Notes            | Memory       |
| Writing Papers  | Attention/Concentration | Study Skills |
| Time Management | Organization            | Test Taking  |

Please explain how the above activities are affected by your disability:

As a student, please describe what steps you are taking to manage your disability? For example, medication, educational tutoring, etc.

Please list accommodations/services that may be helpful with your academic experience:

Please specify the physician or agency verifying your disability:

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*Physician Name or Agency Name*

*Phone Number*

*Fax Number*

I certify the information provided on this form is complete and accurate.

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*Student Signature*

*Date*

***For Office of Student Affairs Use Only***

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Initial Intake Meeting Date: \_\_\_\_\_ Assigned Staff: \_\_\_\_\_