



Application for Services & Accommodations

Department of Student Affairs/Accessibility Services
2500 Alluvial Avenue, Clovis, CA 93611

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:

Physician Name or Agency Name

Phone Number

Fax Number

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

Student Signature

Date

For Office of Student Affairs Use Only

Date Received: _____ Received By: _____

Initial Intake Meeting Date: _____ Assigned Staff: _____