

First Name	Last Name	Preferred Name	D.O.B.	Student ID Number
Gender		Email Address:		
Student Phone		Secondary Phone		
Program of Study	Emergency Contact Name and Phone		Relationship	

**Have you previously received accommodations through SCC, TCA, or SENCAP?**

**Yes.** If yes, when? \_\_\_\_\_  **No.** If no, how were you referred to our office? \_\_\_\_\_

What are you requesting accommodations for?  Academic Only  Housing Only  Academic & Housing

<b>What do you experience?</b> (Check all that apply)			
<input type="checkbox"/> ADHD/ADD	<input type="checkbox"/> Blindness/Low Vision	<input type="checkbox"/> Depression	<input type="checkbox"/> Pregnant/Parenting
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> PTSD
<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Not Listed _____

**How does this affect you in a school/classroom setting?** (Skip if not requesting classroom accommodations)

**What barriers do you have to access SCC's Residence Halls?** (Skip if not requesting housing accommodations)

**What accommodations are you requesting?**

**Emergency Evacuation:**

I will need physical assistance during an emergency evacuation:  **Yes.**  **No.**  
*If yes, this will be listed on your official accommodations sheet and a plan will be created with your instructor(s).*

**By signing below, students understand the following:**

- I am required to submit appropriate documentation in order to be approved for and receive reasonable accommodations.
- I am responsible for getting the documentation; Accommodations Resource Office will not obtain documentation on my behalf.
- I must request accommodations every term.
- It is my responsibility to notify the Accommodations Resource Office of any changes to my class schedule.
- The Accommodations Resource Office may need to communicate with other Student Affairs departments regarding accommodations and services.
- If I am provided with an accessible textbook, legally I cannot share it with anyone else.
- If I record lectures, I understand it is audio only, and for personal use only.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<p><b>For ARO Office Use Only (Accommodations &amp; Notes):</b></p>    	<p>Southeast Community College is an Equal-Opportunity co-educational college and does not discriminate based on race, color, religion, sex*, age, marital status, national origin, ethnicity, veteran status, sexual orientation, disability, or other factors prohibited by law or College policy. *The U.S. Department of Education's Office for Civil Rights enforces Title IX's prohibition on discrimination on the basis of sex to also include discrimination based on gender identity.</p> <p>La política pública de Southeast Community College es de proveer equidad, y prohíbe discriminación, en todos asuntos referentes a la admisión, participación, y empleo contra toda persona por motivo de raza, color, religión, sexo*, edad, estado civil, origen nacional, etnia, condición de veterano, orientación sexual, incapacidad, u otros factores prohibidos por ley o política del Colegio. *La Oficina de Derechos Civiles del Departamento de Educación de los Estados Unidos hace cumplir la prohibición del Título IX contra discriminación por motivos de sexo, que también incluye la discriminación basada en la identidad de género.</p>
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