

Today's Date: \_\_\_\_\_

Student's Rio ID: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ or SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

• Date of high school graduation \_\_\_\_\_ or GED completion \_\_\_\_\_

• Did you receive special services due to a qualifying special need while in high-school?  Yes  No

*If yes, type of documentation used to receive services:*  IEP  504  Other

• Have you attended another college or university?  Yes  No

*If yes, did you receive accommodations while attending?*  Yes  No

• What semester do you plan to enter Rio Grande?  Fall  Spring  Summer Year \_\_\_\_\_

• What is your major/ intended major? \_\_\_\_\_

Please mark **ALL** that apply: I am requesting accommodations because I am an individual with the following qualifying disability: **(check all that apply)**

Autism

Hearing Impairment

Other Health Impairments

Traumatic Brain Injury

Deaf-Blindness

Intellectual Disability

Specific Learning Disability

Visual Impairment Injury

Deafness

Multiple Disabilities

Speech or Language Impairment

Emotional Disturbance

Orthopedic Impairment

*(anxiety, mental health issues)*

Other: \_\_\_\_\_

**I understand that:**

- I will be required to submit documentation of my qualifying disability in order to receive reasonable accommodations.
- I will be expected to meet the essential requirements of each course I take, and that accommodations are reviewed each term, for each class, independently.
- I will be required to meet each term with the coordinator of accessibility to review my course schedule and discuss my accommodations.

Name (printed): \_\_\_\_\_

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

**PLEASE RETURN THIS FORM TO:**

Coordinator of Accessibility • University of Rio Grande/Rio Grande Community College