



Disability Resources & Services
Scottsdale Community College
480-423-6517
disabilityservices@sccmail.maricopa.edu

Registration for Services

Name \_\_\_\_\_ I.D.# \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Circle: VR VA Magellan NA

Email Address \_\_\_\_\_

Are you receiving Federal Financial Aid? Yes No

Are you a first generation college student? Yes No

Educational Background High School Graduate ( ) Yes ( ) No ( ) GED ( ) Other

Disability Information Documentation verifying the stated disabling condition must be provided prior to rendering services requested.

- Visual Impairment/Blindness Physical Disability Learning Disability
Hearing Impairment/Deafness Psychological Disability ADD/ADHD
Health Related Disability Traumatic Brain Injury (TBI) Asperger's Syndrome
Other

Functional limitations \_\_\_\_\_

Documentation to be provided by \_\_\_\_\_
(Documentation provided must confirm the need for the services requested).

- Interpreter Textbooks in alternative format Equipment loan/use
Test Accommodations Tutoring Adapted computer equipment
Note Taker Other

What is your educational goal? (please check one)

- Associates Degree In what field?
Complete a certificate In what field?
Transfer to a four year university Major?
Other (self improvement classes, etc.)

I certify that the above information is correct, and hereby give my permission to communicate, on a need to know basis, with any SCC Departments and instructors who will benefit my academic progress for the duration of my education at Scottsdale Community College.

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