



**Request for Services for Students with Disabilities**

Completion of this form is voluntary. However, if there is no voluntary disclosure and documentation of disability, SFSC Services for Students with Disabilities will not be able to provide academic accommodations.

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SFSC Student ID \_\_\_\_\_

Local Address \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work or Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Are you a registered voter? yes no Would you like to register to vote? yes no

I am a: First time in college freshman Transfer student  
Returning/Continuing student ABE/GED student

Are you currently in SFSC classes? yes no

If no, when do you plan to begin attending SFSC?

Term \_\_\_\_\_ Year \_\_\_\_\_

Program of Study? (AA, AS, CCC, TC) \_\_\_\_\_

How did you find out about this office? \_\_\_\_\_

Please check the area (s) that best describes your disability:

- ADD/ADHD \_\_\_\_\_ Physical \_\_\_\_\_
- Asperger's/Autism Spectrum \_\_\_\_\_ (please specify)
- Brain Injury \_\_\_\_\_ Chronic illness \_\_\_\_\_
- Deafness or Hard of Hearing \_\_\_\_\_ (please specify)
- Blindness or Low Vision \_\_\_\_\_ Other \_\_\_\_\_
- Learning Disorder \_\_\_\_\_ (please specify)
- Psychological or Mental Disorder \_\_\_\_\_
- Speech Impairment \_\_\_\_\_

When this was this disability first identified or diagnosed? \_\_\_\_\_

Have you received disability accommodations for this in the past?

Yes      No

If yes, where did you receive these accommodations? (check all that apply)

- elementary school
- middle school
- high school
- community college
- another university / 4-year college

Are you a client of a rehabilitation agency? (check if you are a client)

- Division of Blind Services
- Vocational Rehabilitation
- Veterans Administration/Vocational Rehabilitation (Chap. 31)
- Other (please specify) \_\_\_\_\_

Please list any medication(s) you currently are taking that **may affect your performance as a student** and the side effects you experience from those medication(s):

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What skills do you possess that will help you be successful as a student?

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What will be your biggest challenges as a student?

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Review the documentation guidelines before submitting documentation.

Are you submitting documentation with this form now? now later

If later, when do you intend to submit your disability documentation? \_\_\_\_\_

**Services for Students with Disabilities Registration Agreement**

I understand I am registering with Services for Students with Disabilities at South Florida State College, and I may be eligible for services such as information, referral, reasonable accommodations and other individualized services needed for access to courses, programs, activities or facilities. If SFSC Services for Students with Disabilities is unable to provide the necessary services, I will be referred to other appropriate college or community agencies.

I understand I will not be eligible for services if I do not provide documentation of a diagnosed disability and functional impairment, do not have a diagnosed disability or do not follow SFSC Services for Students with Disabilities policies and procedures.

Student Initials \_\_\_\_\_

I understand if I request staff to facilitate accommodations on my behalf, they may need to consult with other SFSC personnel. To facilitate such requests, I give my permission to have general information shared with appropriate college personnel (e.g., Office of Student Financial Aid, Advising and Counseling, Testing and Assessment, or other appropriate staff and faculty). Otherwise, this information remains confidential.

Student Initials \_\_\_\_\_

I give Services for Students with Disabilities consent to send the Instructor Notification of Accommodations electronically (by email).

Student Initials \_\_\_\_\_

I understand that as a student with a documented disability that I will still be held to the same behavioral standards as all SFSC students. I understand that I am responsible for regular attendance and completion of school work in accordance with the instructor's syllabus unless my documentation stipulates alterations or adjustments due to the nature of my disability.

Student Initials \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Note: Once submitted to Services for Student with Disabilities, documentation of disability becomes an educational record and is subject to the federal Family Education Rights and Privacy Act (FERPA) and Florida state records' regulations. After five years of non-enrollment, the documentation submitted to SFSC Services for Students with Disabilities will be destroyed in accordance with Florida state regulations.

