

Nunez Community College Disability Services Office

APPLICATION FOR SERVICES

Name: _____ Student ID#: _____

Address: _____

City, State, Zip Code: _____ Date Of Birth: _____

Phone #: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

Disability: _____

Are you registered with Louisiana Rehabilitation Services (LRS) _____ YES _____ NO

If yes, who is your LRS Counselor? _____

What accommodations are you requesting? _____

I UNDERSTAND THAT I AM NOT OFFICIALLY REGISTERED WITH DISABILITY SERVICES UNTIL I HAVE MET WITH THE DISABILITY SERVICES COORDINATOR, PROPER DOCUMENTATION HAS BEEN RECEIVED, AND ACCOMMODATIONS HAVE BEEN APPROVED.

I acknowledge that the Disability Services Handbook has been made available to me. I understand that it is my responsibility to adhere to the procedures as outlined in the Handbook.

Student Signature

Date

Disability Services Coordinator Signature

Date