



APPLICATION FOR SERVICES

ACCESSIBILITY SERVICES

TMCC Student Services

Office A103

701-477-7840 or 701-477-7862 ext. 1036

Date: _____

TMCC Student ID#: _____ Date of Birth: _____ (Cell) Phone #: _____

Name: _____ Home Phone #: _____

Local Mailing Address: _____

City: _____ State: _____ Zip Code: _____

TMCC Email: _____ Personal Email: _____

Permanent Address (if different from above):

Local Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Permanent Phone #: _____

1. What is your disability?
2. How does it adversely affect you in your course(s) of study?
3. Explain, if you have need for physical access in campus buildings:

Are you currently receiving services from:

- ☐ Vocational Rehabilitation
- ☐ Veterans' Affairs Voc. Rehab.
- ☐ Other

Counselor Name: _____ City/State: _____

Counselor Name: _____ City/State: _____

Contact Person: _____ Phone #: _____

Address: _____

TMCC – Disability Accessibility Services agrees to keep information and records concerning my disability confidential in compliance with; FERPA, HIPAA, ADA, Section 504 of the Rehabilitation Act and the ethical standards of the Association of Higher Education and Disability (AHEAD).

While DSS Staff will not release documentation nor reveal specific details of a student's condition to TMCC faculty or staff, they will verify that the documentation is on file at DSS and share information about the purpose of a reasonable accommodation.

I certify that the information provided on this form is correct. I understand in that order to be eligible for specific reasonable accommodations, I must provide documentation of disability that supports the needs for identified reasonable accommodations. I also understand that the reasonable accommodations and/or disability related services provided to me while I am a student will be determined by the TMCC-Disability

Accessibility Services Coordinator upon completion of consultation and assessment services.

SIGNATURE: _____ DATE: _____