APPLICATION FOR ACCOMMODATIONS THROUGH DISABILITY SERVICES

Applications and documentation should be submitted as early as possible prior to the beginning of the semester. The review process may take as long as 30 days. Please PLAN AHEAD.

FALL______ SPRING______ SUMMER______ YEAR ______
(check one)

STUDENT INFORMATION

SPC Student ID ____________________________ (required)
Found on your Campus Connect Account after you have been accepted to SPC

Local Mailing Address

Name:
Address:
City/State/Zip:

Permanent Mailing Address (if different from above)

Address:
City/State/Zip:

Telephone Numbers:

Home ( ) Work ( ) Cell ( )

Email Address:

SPC Entry Date: Major/Program:

Are you a Texas Workforce Solutions Client? (Formerly DARS) Yes/No

Caseworker: Phone:

Will you be enrolling in: (Please Check) ______Traditional College Classes ______Continuing Education
______Dual Credit Only ______Workforce Development ______Upward Bound

Campus You Plan to Attend

Levelland ______ Reese Center ______ Lubbock Center ______ Plainview ______
DISABILITY INFORMATION

Please note that adequate documentation to support the requested accommodations must be submitted to the Disability Services Office. Specific information regarding SPC guidelines for acceptable medical/diagnostic reports and qualified sources can be obtained from the Disability Services website. (http://www.southplainscollege.edu/health/disabilityservices.php)

Please Select Your Disability:

- ADD/ADHD
- Mobility/Orthopedic Impairment
- Autism Spectrum Disorder
- Chronic/Medical Illness
- Learning Disability
- Traumatic Brain Injury
- Hearing Impairment
- Visual Impairment
- Psychological Impairment
- Other: (Please Explain) ______________________________________________________________

Date(s) of onset:

Please describe your disability and how it has helped or hindered your academic progress and your daily living activities to date:

EMERGENCY INFORMATION

Name: ______________________ Relationship: ______________________

Address: ____________________________________________________________

City/State/Zip: _______________________________________________________

TELEPHONE NUMBERS

Home ( ) Work ( ) Cell ( )

X ______________________ Date: ______________________

Student’s Signature
I, ______________________, hereby give the Disability Services Department of South Plains College permission to release the following information to South Plains College instructors, faculty, and staff providing services to me: Diagnostic evaluations, requested accommodations. I give permission for Disability Services Office staff and my instructors to share information related to my academic accommodations as needed and deemed appropriate as well as other information pertinent to participation at South Plains College.

X ______________________
SIGNATURE (required)       DATE

I, ______________________, understand that ethical use of classroom accommodations is expected and that improper use of the accommodations could result in the loss of such services. I understand that I must request accommodations each semester.

X ______________________
SIGNATURE (required)       DATE

I, ______________________, am a client of the Texas Workforce Solutions (formerly DARS). I give permission to South Plains College to share information with Texas Workforce Solutions as needed and deemed appropriate.

X ______________________
SIGNATURE               DATE

I authorize the release of my classroom accommodation information to be shared with the following (parent, spouse, grandparent, etc...):

____________________________________          __________________________________

____________________________________                  __________________________________

X ______________________
SIGNATURE (required)       DATE

Please note that after 7 years of inactivity, your Student Disability Records will be destroyed.