Disability Services Office
1401 College Ave, Box 176
Levelland, Texas 79336
(806) 716-2577
Fax (806) 894-7961

Disability Services Office
819 Gilbert Dr., Room 805
Lubbock, Texas 79416
(806) 716-4675
Fax (806) 716-4731

DATE:_____

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

RELEASE OF INFORMATION

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.