

# METROPOLITAN COMMUNITY COLLEGE ACCESS OFFICE

*Before accommodations can be provided, appropriate documentation of your disability must be submitted. Information regarding disability is kept in the Access Office and is not part of the student's permanent record.*

Full Legal Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ MCC Student ID# \_\_\_\_\_ Last 4 digits SS# \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Do you check e-mail regularly?  yes  no

MCC campus(es) you expect to attend:

Blue River  Business & Technology  Longview  Maple Woods  Penn Valley

Do you have a disability? (check all that apply):

Blind  Low Vision  Deaf  
 Hard of Hearing  Learning Disability  ADHD  
 Brain Injury  Developmental Disability  Psychiatric Disability  
 Orthopedic Disability  Chronic Disability  Other: \_\_\_\_\_

What activities are affected by your disability? (check all that apply):

Testing  Note Taking  Concentration  Listening  
 Reading  Writing  Spelling  Math  
 Speaking  Mobility  Other \_\_\_\_\_

Are you taking any medications?  yes  no Side Effects \_\_\_\_\_

Do you receive any of the following? (check all that apply):

A+  Financial Aid  Vocational Rehabilitation  Rehabilitation Services for the Blind

Vocational Rehabilitation or RSB Counselor's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_