



## REQUEST FOR DISABILITY SUPPORT SERVICES

Please use this form to request the disability support services you may need at Western.

Return completed form to:

Disability Services  
Academic Resource Center  
Taylor 306  
Western State College of Colorado  
Gunnison, CO 81231

970.943.7056 Voice  
970.943.3409 Fax

Name \_\_\_\_\_  
First Middle Last

Preferred Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

(Please note: Once activated, your WSC e-mail account will be the address used for correspondence)

What is your enrollment status?

\_\_\_\_\_ First-time Freshman \_\_\_\_\_ New Transfer Student \_\_\_\_\_ Continuing Student

If not a continuing student, during which semester do you plan to enroll? \_\_\_\_\_

Please describe the disability or disabilities for which you are requesting services.

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**How does your disability affect academic and other activities?**

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**Please list the accommodations, auxiliary aids, and services you are requesting.**

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*Students who plan to use disability services must provide current documentation of disability from a qualified professional. The documentation must verify the disability and the need for accommodations, auxiliary aids, and services. Specific documentation guidelines are available upon request. Students should keep a copy of their documentation. Disability Services holds this information for seven years after the student leaves the College, at which time it is destroyed.*

**Please Check One:**

Documentation of disability \_\_\_ is attached \_\_\_ will be sent separately

*In order to receive services, students need to complete an intake process with a Disability Services staff member. Students who qualify for services work with the staff to determine appropriate accommodations and services. We encourage you to contact Disability Services at any time if you have questions or concerns you would like to discuss.*

**Students Signature** \_\_\_\_\_ **Date** \_\_\_\_\_