REQUEST FOR DISABILITY SUPPORT SERVICES

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

All forms are available electronically at www.western.edu/dsinfo

Return completed form to: Disability Services
Academic Resource Center, Taylor 302
Western State Colorado University
Gunnison, CO 81231
Fax: (970) 943-3409

Name _______________________________________________________________________________________
First                Middle                Last

Preferred Name_________________________________ Student ID Number __________________________________

Address ________________________________________________________________
Street    City   State   Zip Code

Phone __________________ Is this number your cell phone? YES NO

Email Address ________________________________________________________________
(Please note: Once activated, your WSCU 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.

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Continued on next page
How does your disability affect academic and other activities?

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

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

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 University, at which time it is destroyed.

Please Check One:

Documentation of disability  ____ is attached  ____ will be sent separately  ____ has already been sent

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.

Student Signature  ____________________________________________ Date  __________________________

8/2012