

	Student Banner ID:
-	

Initial Request for Disability Services

Name:		AC	ACES Email:		@student.alamo.edu	
Address:						
	Street address	S	City	State	Zip	
Phone:		Alternate F	Phone:			
Date of Birth			_ Gender – please check one: () Male () Female			
College Majo	or:	Home Ca	ampus: () NLC	() NVC() PAC() SA	C()SPC	
Emergency C	Contact Name: _		Phone:			
Are you rece	iving services fr	om the following age	ncies?			
() DARS	() Veterans Administr	ration () Other			
Agency Contact Name:			Phone:	Email:		
What is your	disability?					
Please check	k any major life	activities that are di	ifficult due to y	our disability.		
□ Self- care	□ Breathing	□ Concentrating	□ Thinking	•		
□ Walking	□ Sitting	□ Reading	□ Interacting	ng with others		
□ Seeing	□ Standing	□ Learning	□ Limited ι	use of hands		
	□ Reaching		□ Other:			
What accom	nmodation need	s are you requesting	?			
The Office o		rices will determine re	easonable accon	nmodations as appropria	ate under	
Student's Sig	gnature	Date		Initial Semester &	Initial Semester & Year	

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