



**NORTH SEATTLE
COLLEGE**

One of the Seattle Colleges
Disability Services

DS Student Information Form

If you need assistance filling out this form, please ask for a Disability Services staff member.

Student Information

Today's Date: _____

Name: _____ CTCLink ID: _____

Home Phone: _____ Cell Phone: _____

Can we leave a voice message with department name and the reason for our call? Yes No

Email address: _____

Best way to contact you: Home Phone Cell Phone Email

Date of Birth: _____ Emergency Contact/Phone: _____

School Information

Student Status: Prospective (not yet attending) Current (attending)

Number of quarters completed if currently attending: 1 2 3 4 5 6 7 8 9 10 11+

Please check if you are a: Running Start student Seattle Promise student

Accommodation Request

Please describe your disability (or temporary medical condition) and how it may impact you as a student at North Seattle College:

Accommodation History

I had an Individualized Education Plan or 504 Plan in K-12 Yes No I don't know

Have you used accommodations in my previous college experience Yes No I don't know

If yes, please specify the accommodations you had:

Please list the accommodations you are requesting:



Please indicate which off-campus resources you have used:

- DSHS (Department of Social & Health Services)
 - HSDC (Hearing, Speech & Deafness Center)
 - DSB (Department of Services for the Blind)
 - Other (please specify below)
 - Veterans Affairs
 - WorkSource
 - DVR (Department of Vocational Rehabilitation)
DVR Counselor's Name _____
Contact (email or phone) _____
-

What would you most like to accomplish while you are here at NSC? Is there anything else you would like us to know?

Confidentiality

Disability Services (DS) is committed to ensuring that all information and communication pertaining to a student's disability is maintained as confidential as required or permitted by law. All information submitted to the DS Office is kept separate from an academic record and is considered private under the Family Education Rights and Privacy Act (FERPA). DS will not disclose any information unless previously authorized by you or requested by law.

Verification

By signing this form, I hereby verify that the information I have provided is true and accurate. I have been informed of the policy regarding confidentiality and the release of information from my DS file. I understand that DS may release information from my file to be used in a confidential manner with appropriate College faculty and officials who have a legitimate educational interest.

Student Signature

Date

Director's Signature

Date

Thank you – we look forward to partnering with you.
Questions? Reach us at 206-934-3697 or ds@seattlecolleges.edu

For DS Office Use Only
DSS Code _____
Entered By _____
LOA Begin Date _____