

Student Application Form for Disability Services

Name:			
(first)	(middle)	· ,	
Student Number:	Birthdate:		
Permanent Address:			
(stre	eet) (city)	(state)	
Permanent Phone:			
Local Address:			
(if different) (street)	(city)	(state)	(zip)
(if different) (street) Local Phone/Cell:		_ Work Phone:	
* * * * * * * *	* * * * * *	* * * * *	
College(s) previously a Do you have a disabilit If YES, please list and	y? YES NO		
Are you taking any pre If YES, please specify:		•	
If there are specific supplease list them:	•		the Transition Specialist,
Are you currently enroll If NO, what semester a Are you associated with Please list organization	nd year do you plan t h any community ser	to attend? Fall W vices? YES NO	inter Summer Year
How did you learn abou	ut NJC's accommoda	ntions for students	with disabilities?
* * * * * * *	* * * * * *	* * * * *	
-	to collect documentar qualify me for service	tion and other rele es. This information	vant information regarding on will be used to determine
(signature) Return completed appl Drive, Knowles Hall 1. aaron.prestwich@njc.e	31, Sterling, CO 807.	51. Or Fax to: (97	(date) on Specialist, 100 College (0) 521-6672. Email:

NOTE: Services are not dependent on the completion of this intake form. The information given here is for our convenience in serving you and our reporting needs. All information on this form will be kept in strict confidence and used to develop programs to meet the needs of students in completing their education.