APPLICATION FOR SERVICES
FROM STUDENTS WITH DISABILITIES
MIDLAND COLLEGE
3600 N. Garfield
Midland, Texas

Name: ____________________________ Date: ________________

Address: ___________________________

City/State/Zip Code: ___________________________

Mailing /Local Address (if different than above) ___________________________

Telephone Numbers:
Home: (____) ______________ Work: (____) ______________ Cell: (____) ______________

Date of Birth: ______________ Male/Female: ______________ Student ID: ______________

Email Address: ___________________________

Major: ___________________________

List specific adjustment(s) you are requesting: ___________________________

Are you a client of the Vocational Rehabilitation Services of the state of Texas? Yes/No

Vocational Rehabilitation Services Counselor: ___________________________
Phone: ___________________________
Disability Information:

Disability(s): ____________________________________________________________

_______________________________________________________________________

Date(s) of onset _______________________________________________________

Limitations: ____________________________________________________________

_______________________________________________________________________

** Please note that adequate documentation to support the requested accommodations must be submitted to the Services to Students with Disabilities Office. Specific information regarding MC's guidelines for acceptable medical/diagnostic reports and qualified sources can be obtained from the Services for Students with Disabilities Office.

Emergency Contact:

Name: ______________________________________ Relationship: ______________________

Address: _________________________________________________________________

City/State/Zip code: _______________________________________________________

TelephoneNumber:

Home: (___)____________ Work: (___)__________ Cell: (___)____________________

Student Signature: ______________________________________________________

Date: ____________________

Updated 4/27/2017
RELEASE OF INFORMATION
MIDLAND COLLEGE
STUDENTS WITH DISABILITY SERVICES

I, ________________________, hereby give Students with Disability Services at Midland College permission to release the following information to Midland College instructors, faculty, and staff providing services to me: diagnostic evaluations, requested accommodations, and give permission for my instructors to share information related to my academic progress with Students with Disability Services staff as needed and deemed appropriate as well as other information pertinent to participation at Midland College.

Signature _______________________________ Date ____________________

I, ________________________, understand that ethical use of accommodations and/or support services is expected and that improper use of the services could result in the loss of such services. I understand that application for accommodations must be made each semester.

Signature _______________________________ Date ____________________

I, ________________________, am a client of the Vocational Rehabilitation Services of Texas. I give permission to Midland College to share information with them as needed and as deemed appropriate.

Signature _______________________________ Date ____________________

I agree to fill out a FERPA Waiver for anyone who I wish to know my academic accommodation information (like a parent, spouse, grandparent, etc.)

Signature _______________________________ Date ____________________

Updated 4/27/2017