

**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:** \_\_\_\_\_

**Telephone Numbers:**

**Home:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_ **Cell:**(\_\_\_\_) \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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 \_\_\_\_\_