



## DISABILITY SERVICES

CENTRALIA  
COLLEGE

## REQUEST FOR SERVICES

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Check if you have requested services from:

☐ DVR (Dept. of Voc. Rehab.) ☐ L&I (Labor & Industries) ☐ Services for the Blind

Name of Counselor or contact person \_\_\_\_\_

### A. Please identify your disability (Check all that apply):

☐ **Deaf/Hard of Hearing**

☐ **Blind/Visual Impairment**

☐ **Psychological** (Autism,  
Mental Health Disorders,  
Eating Disorders)

☐ **Mobility** (Limited ROM)

☐ **Chronic Health** (Cancer,  
Orthopedic Conditions,  
Organ & Immune Disorders)

☐ **Unsure**

☐ **Speech/language**  
(Articulation Disorder)

☐ **Neurological** (Seizures,  
Head Injury, Developmental  
Disability)

☐ **Other** (please specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **LD/ADHD/ADD** (Specific  
Learning Disability, Attention  
Deficit, Processing Disorder)

### B. Please identify the accommodations you are requesting:

☐ Sign Language Interpreter

☐ FM System

☐ Ergonomic Equipment (Chair, Keyboard)

☐ Reader/Scribe

☐ Adaptive Equipment \_\_\_\_\_

☐ Notetaker (Copy of class notes)

☐ Ability to record lectures

☐ Other \_\_\_\_\_

☐ Large print (Size/Font) \_\_\_\_\_

☐ Testing (Time + ½, Reduced  
distraction space)

☐ Assistive Technology (Please  
specify) (Dragon Nat. Speaking, Zoomtext,  
Kurzweil  
Scan/Read)  
\_\_\_\_\_

☐ Alternate Format Books/CD

I hereby understand that the confidentiality of my records is protected under the Family Educational Rights and Privacy Act (FERPA) and that information contained within the Centralia College file in the Disability Services office may be shared with other members of the staff and faculty for the purpose of receiving reasonable accommodations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Centralia College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Vice President of Human Resources and Equity, Centralia College, 600 Centralia College Blvd, Centralia, WA 98531, call 360-623-8943, or email hro@centralia.edu.