



**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**
- Mobility** (Limited ROM)
- Speech/language**  
(Articulation Disorder)
- LD/ADHD/ADD** (Specific Learning Disability, Attention Deficit, Processing Disorder)
- Blind/Visual Impairment**
- Chronic Health** (Cancer, Orthopedic Conditions, Organ & Immune Disorders)
- Neurological** (Seizures, Head Injury, Developmental Disability)
- Psychological** (Autism, Mental Health Disorders, Eating Disorders)
- Unsure**
- Other** (please specify)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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
- CCTV
- Large print (Size/Font) \_\_\_\_\_
- Testing (Time + 1/2, 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 \_\_\_\_\_