

Received On: \_\_\_\_\_

# OFFICE OF DISABILITY SERVICES COVER SHEET

## Contact Information

(to be completed by the student)

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

Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

### Check Appropriate Box:

- Day Student
- Evening Student
- Adult Basic Education (ABE)
- Workforce Development
- Online Student

Are you currently registered for classes at STCC? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, which semester will you start taking classes? \_\_\_\_\_

How would you prefer to receive your ODS information? \_\_\_\_\_ Mailed \_\_\_\_\_ Emailed

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### For Office Use Only

Sent information to student on: \_\_\_\_\_ By: \_\_\_\_\_ Mail \_\_\_\_\_ Email

Notes: \_\_\_\_\_

Staff Initials: \_\_\_\_\_