

**San Diego Christian College**  
*Application for Disability Support Services*

Name: \_\_\_\_\_ SDCC Student ID# \_\_\_\_\_

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

Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

---

San Diego Christian College provides support services for students with verified disabilities through the Office of the Vice President for Academic Affairs. Completion of this form indicates a student's request for special services in support of their learning at SDCC.

Please indicate below the type of disability for which you are requesting accommodations:

\_\_\_\_\_ Deaf/Hearing          \_\_\_\_\_ Learning Disability          \_\_\_\_\_ Mobility  
\_\_\_\_\_ Psychological          \_\_\_\_\_ Speech/Language Communication  
\_\_\_\_\_ Visual Impairment          \_\_\_\_\_ Other \_\_\_\_\_

---

How does your disability impact your learning?

Please list any academic accommodations previously received:

Are you a client of any Federal, State, or County service agencies for the disabled? If yes, please indicate the agencies providing services in support of your education.

---

**Student Responsibilities:**

1. I will provide recent written verification (medical, educational, etc.) of my disability.
  2. I will meet with the Disabled Student Services Coordinator once a semester to verify plans for learning accommodations and methods of notification.
  3. I will meet with faculty to discuss any concerns related to my learning.
- 

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_