

Victoria College Disability Support Services

Application for Assistance

To receive services from Disability Support Services (DSS), you must complete and return this form with supporting documentation. The information requested is necessary if we are to assist you with appropriate support services. In order to receive assistance, you must be accepted through Victoria College's Office of Admissions. (This is not an application to the College.)

Personal Information:

Name: _____

V#: _____ Date of Birth: _____

Date of Application: _____ Major: _____

Phone Number: _____

Email: _____

Address:

City/State/Zip:

Emergency Contact:

Name: _____ Relationship _____

Phone Number: _____

Address:

City/State/Zip:

In case of an emergency, I give permission for DSS to contact my listed emergency contact. Please sign that you have read this statement.

Signature

Date

Disability Information

When were you tested or diagnosed as having a disability?

Describe Disability*

***Include medical/diagnostic evaluation report(s) with this application which provide(s) evidence of above disability and its limitations to your mobility or academic performance. Please include a contact name, phone number, and address of physician/diagnostician familiar with your disability.**

If you are currently receiving assistance through Texas Workforce Solutions – Vocational Rehabilitation Service, please explain the type of service(s) that you receive:

If you are currently receiving assistance through the Veterans Administration/Vocational Rehabilitation, please explain the type of services that you receive:

If you are requesting the use of a service animal, please answer the following two questions:

- Is the animal required because of a disability? Yes No
- What work or task has the animal been trained to perform?

Education Information

1. Where did you attend high school?

2. Did you receive Special Education or 504 services in high school? Yes No

3. If yes, what accommodations and/or services were provided?

4. Did you transfer from another college/university? Yes No

5. If yes, which college/university? _____

6. Have you received accommodations from another college or university? Yes No

7. If yes, what accommodations and/or services were provided?

When this application is complete, contact DSS to schedule an appointment to review your application and supporting documentation in order to determine what accommodations are applicable to you.

Consent for Exchange of Confidential Information

I have been informed of support services available during my enrollment and attendance at Victoria College.

I understand that the support services ultimately agreed upon will be provided to ensure that my instructional program is accessible to the greatest extent possible. I further understand that ethical use of these support services is expected and that improper use of the services could result in loss of the services for the semester. I will notify the disability advisor of any concerns I have regarding services or any changes I might need in services.

In addition, I will not hold Victoria College responsible if I choose to not use my accommodations.

Student Signature

Date

I give permission for Disability Support Services to exchange information pertinent to my case with the following individuals or entities:

Name

Relationship

_____	_____
_____	_____
_____	_____
_____	_____

I further agree to have information related to my academic progress made available by my instructors to Disability Support Services for the proper implementation of support services.

Student Signature

Date

I am a client of Texas Workforce Solutions – Vocational Rehabilitation Services. I give permission for Victoria College to share academic information (including mid-term grades) with Texas Workforce Solutions – Vocational Rehabilitation Services to be used for intervention purposes.

Student Signature

Date