



Disability Services (DS) – LA104
4800 East Huron River Drive
Ann Arbor, Michigan 48105

Tel: (734) 973-3342
Fax: (734) 477-8517
www.wccnet.edu

DISABILITY ACCOMMODATION REQUEST FORM

Term: Fall 20____ Winter 20____ Spring 20____ **Date** _____
Indicate year (Choose only one)

Name _____
(Last) (First)

Date of Birth _____ **Gender:** F M

Student ID @00 _____ **Telephone Number** _____

WCC Email Address _____

I received a copy of Disability Services and Student Responsibilities

Link: wccnet.edu/lss-student-responsibilities

Category of Disability - (Check all that apply)

- Cognitive _____
- Hearing _____
- Learning _____
- Physical _____
- Psychological _____
- Speech _____
- Visual _____
- Other _____

Disability Status

- Temporary _____
- Permanent _____

Students are responsible for providing the Disability Services Office (DS) with documentation verifying their disability. DS staff will review documentation to determine eligibility.

(Continued on back)

- Did you have a 504 Plan in High School? _____
- Did you have an IEP (Individual Education Plan in High School)? _____
- Do you have a Vocational Rehabilitation Counselor? _____

(ESL) Limited English Speaker

Is English your first language?

- Yes No

If no, what is your native language? _____

If you are already registered with the Disability Services office, it is your responsibility to request accommodations each semester and obtain accommodation letters for each course. Please contact the office to set up an appointment (phone or in person) with a Program Specialist.

If you are a new student, an in-person appointment to discuss your academic needs, goals and accommodations is required.

Student Signature (Required)

Date