



**Learning Support and Disability Services Department**

**Application to Initiate Services**

Name \_\_\_\_\_ Date \_\_\_\_\_

School Address/Dorm \_\_\_\_\_ RA \_\_\_\_\_

Local or Cell # (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact Person and Phone Number \_\_\_\_\_

ID# \_\_\_\_\_ Latest GPA \_\_\_\_\_ Expected Graduation \_\_\_\_\_

Major \_\_\_\_\_ Advisor \_\_\_\_\_

Does the Director have permission to contact your advisor? Yes No

Please describe your disability \_\_\_\_\_

\_\_\_\_\_

In the past, have you required any accommodations? Yes No

If yes, please list such accommodations \_\_\_\_\_

**Release of Information for College of Idaho campus**

I have truthfully completed the information contained in this application to the best of my ability. I understand that by requesting disability support services I am not guaranteed an accommodation or that this process will result in the diagnosis of a disability. I understand I must request specific accommodation(s) for each of my classes and supply the Learning Support and Disability Services Department with information about my classes and professors each semester. Accommodations will be determined through an individualized, interactive process between the Director of Learning Support and Disability Services in collaboration with the student and professors, and after consideration of documentation and of individual needs. **I authorize the Director of the Learning Support and Disability Services Department to disclose appropriate information with those on campus who have a legitimate safety and educational need to know.** I also authorize those individuals to inform the Director of Learning Support and Disability Services of my progress through their services.

Signature \_\_\_\_\_ Date \_\_\_\_\_