

NEBRASKA INDIAN COMMUNITY COLLEGE
Student Disability Services

Student Request for Reasonable

Accommodation / Modifications
Intake Application

Date: _____

NICC ID# _____

Personal Information

Student's Name: _____
(First) (Middle) (Last)

Date of Birth _____ Gender: ___ Female ___ Male Ethnic Background _____
(Optional-For Statistical Purposes Only)

Local / Cell phone: _____ Home Phone: _____

Local Address: _____

Email Address: _____

Disability Related Information (THIS SECTION MUST BE COMPLETED FULLY)

Disability category (please check all that apply):

- | | |
|-----------------------------|---|
| Specify learning disability | ADD / ADHD/ Speech disorder |
| Mobility | Other Physical/Arthritis/amputation/paralysis |
| Sensory impairments | Deaf / Hard of Hearing/Blindness/Low vision |
| Psychological | Depressive Disorder/ Posttraumatic stress disorder (PTSD) |
| Neurological | Chronic Illness/Fetal Alcohol syndrome/Brain trauma |
| Other | Please specify below. |

Specific Diagnosis/(es): _____

Specific Accommodations Requested (**Accommodation Request MUST be included**):

Type of Documentation Submitted: _____

Academic Information

Are you admitted to NICC? ___ Yes ___ No

Academic Status:

Incoming Student/ Transfer (Anticipated date of enrollment) _____

Freshman

Sophomore

Academic Major: _____

Vocation Rehabilitation Information:

Do you receive services from Vocational Rehabilitation or some other office of rehabilitation services?

___ Yes ___ No

If yes, please provide us with the name, address, and phone number of your counselor.

If no, would like assistance contacting someone for possible funding or services?

___ Yes ___ No

Verification Information

I give permission to the staff in Student Services to contact my parents and/ or legal guardian and my diagnosing healthcare professional in their attempt to verify my eligibility for academic accommodations. **I understand that this permission extends to the verification process only.**

(Student's Signature)

Disclosure Information

By completing and signing this intake application, the signer is voluntarily disclosing a disorder and requesting accommodations. Disclosure of a disorder at this time does not necessarily confirm eligibility status for services or accommodations. While the Office of Student Services will make every attempt to quickly review all requests for accommodations, the verification process may take several weeks or longer, depending upon the comprehensiveness and currency of the documentation submitted.

All information submitted to this office is to be completely confidential and used only for the purposes of verification and in connection with this institution's commitment and obligation to student with disabilities.

By signing below, you confirm that you have read (or have had read to you) and understand this document?

(Student's Signature)

(Date)

(Staff's Signature)

(Date)