

Dear Student,

Please fill out this form and give to the Student Services representative. Disability Services will contact you within three business days to schedule an appointment to register for services.

Please take a copy of the “**Information for Students Registering with Disability Services**” sheet. It will guide you through the registration process for this office. You must provide reasonably recent and complete documentation before your eligibility for Disability Services and need for accommodations can be determined.

We look forward to meeting you!

Thanks,
Disability Services

**PULASKI TECHNICAL COLLEGE
OFFICE OF DISABILITY SERVICES
Request for Registration Meeting**

GENERAL INFORMATION

Last Name: _____ First: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Home) _____ (Cell)

Email (All): _____

DISABILITY INFORMATION:

How does your disability affect you in a classroom setting: _____

I am requesting the following academic accommodations:

Extended time (2x time) Note Taker Taping lectures

Low distraction room for testing Large print handouts

Sign language interpreters Other: _____

For office use only: Date student contacted: _____

Date and time of appointment: _____

Documentation: None Partial ___ / ___ / ___ Complete ___ / ___ / ___