

Montgomery College Disability Support Services Services Request & Release Form

Name _____ Semester _____ Year _____

Student ID M2 _____ Telephone _____

E-Mail _____ Disability _____

Check one: New To D.S.S. Returning Student to D.S.S.

SERVICES REQUESTED

- | | | |
|--|--|---|
| <input type="checkbox"/> Notetaker | <input type="checkbox"/> Permission to Tape | <input type="checkbox"/> Computer w/Spell Check |
| <input type="checkbox"/> Testing Accommodations
(additional time) | <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> Computer w/ Voice Output |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Adaptive Equipment/Software | <input type="checkbox"/> Assistive Listening Device |
| <input type="checkbox"/> Scribe | <input type="checkbox"/> Calculator | <input type="checkbox"/> Table and/or Chair |
| <input type="checkbox"/> Accommodation Letter Only | <input type="checkbox"/> Other _____ | |

PLEASE COMPLETE THE FOLLOWING:

CAMPUS COURSE
(R, G, T, O, or P) (i.e. AR101)

I WILL NEED ASSISTANCE IN EMERGENCY EVACUATION SITUATIONS YES NO;
IF YOU NEED ASSISTANCE, THIS INFORMATION WILL BE SHARED WITH CAMPUS SECURITY.

I UNDERSTAND THAT ARRANGING SERVICES WILL NECESSITATE SHARING WITH MY INSTRUCTORS INFORMATION REGARDING MY DISABILITY AS IT RELATES TO MY ACADEMIC WELFARE. **I GIVE MY PERMISSION FOR D.S.S. PERSONNEL TO CONTACT MY INSTRUCTORS REGARDING MY ACADEMIC PROGRESS, AS NEEDED.**

SIGNATURE _____ **DATE** _____

Office Use Only

Number of IC's Needed _____ Counselor _____

New Same as Prior Changed Notes _____

Advising from a DSS Counselor Yes No C.I.B.