



**Disability Resources (DR)
Request for Support**

Disability Resources
2800 S. Lonetree Rd.
Flagstaff, AZ 86005
(928) 226-4323
1-800-350-7122 x4323
FAX (928) 226-4103

Name (list any previous names if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternative Phone # _____

Email: _____ Emergency Contact # _____

May we contact you via email regarding this request? ____ YES ____ NO

Date of Birth ____/____/____ CCC ID#: _____ Comet ID # _____

Type of Disability:

- | | |
|---|--|
| <input type="checkbox"/> Learning Disability/ADD | <input type="checkbox"/> Hard of Hearing |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Medical (please specify) _____ | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Other _____ | |

Have you chosen a major? ____ YES ____ NO If yes, please list: _____

Have you ever attended CCC? ____ YES ____ NO

Have you ever applied for DR services? ____ YES ____ NO

When do you plan to attend CCC? FALL SPRING SUMMER For what year _____

Which CCC campus/site will you attend? _____

Are you currently or have you been a client of Vocational Rehabilitation - RSA)? ____ YES ____ NO

V.R. Counselor: _____ Location: _____

Parent(s)/Legal Guardian: _____

(Please print names in full)

I understand that I must meet with the Disability Resource Coordinator and provide current documentation of my disability in order to be eligible to receive accommodations. I certify that the above information is accurate and true to the best of my knowledge.

Student Signature: _____ Date: ____/____/____