



Support Services for Academic Success REQUEST FOR SERVICES Disclosure Form

If you wish to disclose a disability in order to receive accommodations, please complete and sign this form as soon as possible. The Disabilities Coordinator will set up an appointment to review next steps in the process. Please deliver or mail this form to:

**Capital Community College
Counseling Office—(Disabilities Coordinator)
950 Main Street
Hartford, CT 06103**

STUDENT INFORMATION (PLEASE PRINT)

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

City, State and Zip: _____

Home Phone: _____ Cell Phone: _____ DOB (mm/dd/yy): _____

Signature: _____ Date (mm/dd/yy): _____

ENROLLMENT STATUS

(CHECK ALL THAT APPLY)

- First time attending any college
- Current Capital Community Student
- Past Capital student returning after a break
- Student with credits from another college
- Part-time student (taking less than 12 credits)
- Full-time student (taking 12 or more credits)
- Workforce & Continuing Education Student

NATURE OF DISABILITY

(CHECK ALL THAT APPLY)

- Learning Disability
- ADD or ADHD
- Autism Spectrum Disorder
- Psychological / Psychiatric Disability
- Visual Impairment
- Hearing Impairment
- Physical / Medical / Mobility Challenges
- Other: _____

Please Note: The disability information you disclose on this form will not be shared with faculty or staff. This form will be kept in a confidential file, separate from your other records.