



## Support Services for Academic Success REQUEST FOR SERVICES Disclosure Form

Students, if you wish to disclose a disability in order to receive academic adjustments, please complete this form and return to the Counseling Department as soon as possible. The Disabilities Services Coordinator will set up an appointment and explain the academic adjustment process. Please deliver or mail this form to:

**Capital Community College  
Counseling Office—(Disabilities Services Coordinator)  
950 Main Street Suite 208  
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): \_\_\_\_\_ Student ID #: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date (mm/dd/yy): \_\_\_\_\_

### **STUDENT TYPE**

- First time attending any college
- Current Capital Community Student
- Past Capital student returning after a break
- Student with credits from another college
- Visiting student not earning a degree at CCC

### **ENROLLMENT STATUS**

- 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
  - see Interpreter Services Guidelines if applicable
- 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.