



311C REGIONAL  
UNITY COLLEGE      A PUI  
COMM

## Accessibility Services Disability Packet to Request Accommodations

To request accommodations, submit this completed packet (pages 2 and 3) along with the specified supporting documentation as early as possible.



# Accessibility Services

## Self-Identification & Request for Services Form

Name \_\_\_\_\_ Student # (if known) NOO \_\_\_\_\_

Program of Study \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a new student at North Shore Community College?  Yes  No

Are you a Veteran?  Yes  No

How many credits are you taking? \_\_\_\_\_ Preferred Campus  Lynn  Dampers

For which semester and year are you requesting services?

Fall 20\_\_  Spring 20\_\_  Summer Session 1 20\_\_  Summer Session 2 20\_\_

Name of documented disability/disabilities \_\_\_\_\_

Is there other information related to your disability that you would like to convey?

---



---



---

BLVF



# Accessibility Services

## Blind or Low Vision Verification Form

21 Tf 2 70.1