



Fort Scott Community College

Accessibility Services Intake Form

Applicant Information

Full Name: _____ ID#: _____
Last First M.I.

Date of Birth: ____/____/____ Male ____ Female ____

Address: _____
Street Address City State ZIP Code

Cell Phone: _____ Email: _____

Disability

Description of Disability: _____

Documentation of Disability: ____ Provided ____ Not Provided

List any accommodations needed: _____

List any effective accommodations used in the past: _____

Emergency Contact

In case of an emergency, who may we contact?

Name: _____ Relationship: _____

Address: _____

Phone: _____

Disclaimer

Note: Completion of this form does not guarantee accommodations, adequate documentation of disability is required in order to provide reasonable accommodations. The Office of Accessibility Services will make every effort to arrange accommodations for students in a timely manner. In order to achieve this goal, it is the student's responsibility to turn in all documents in a timely manner to the Office of Accessibility Services located in the Admissions Office in Bailey Hall. For questions or comments, please call (620)223-2700 ext. 3570.

Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

ALL INFORMATION PROVIDED IS CONFIDENTIAL

Return forms to: FSCC, Attn: Office of Accessibility Services, 2108 S. Horton., Fort Scott, KS 66701.