

***Nunez Community College Disability Services Office***

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**APPLICATION FOR SERVICES**

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Disability: \_\_\_\_\_

Are you registered with Louisiana Rehabilitation Services (LRS) \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, who is your LRS Counselor? \_\_\_\_\_

What accommodations are you requesting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I UNDERSTAND THAT I AM NOT OFFICIALLY REGISTERED WITH DISABILITY SERVICES UNTIL I HAVE MET WITH THE DISABILITY SERVICES COORDINATOR, PROPER DOCUMENTATION HAS BEEN RECEIVED, AND ACCOMMODATIONS HAVE BEEN APPROVED.**

I acknowledge that the Disability Services Handbook has been made available to me. I understand that it is my responsibility to adhere to the procedures as outlined in the Handbook.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disability Services Coordinator Signature

\_\_\_\_\_  
Date