Vernon College Special Services Department Application for Accommodations

Semester Information	Today's Date Seme			Semeste	ster and Year		
Personal Information	Last Name		First Name	First Name		Middle Name	
	Social Security Number	l	Date of	Birth			
	Street Address						
	City State		ZIP Code		e		
	Home Phone Number	Cell Ph	one Number	Email Address			
	Emergency Contact						
	DRS Counselor		DRS Counselor Phone # DRS		S Counselor Email Address		
	Declared Disability		Preferred Communication Style				
Optional	Gender		Race/Ethnicity				
		I					
_	List all Colleges and/or Universities you have attended. Be sure to include dates you attended the institutions.						
	Colleges and/or Universities				Dates	Attended	
	High School Attended				Date Graduated		
Approved Ac	ccommodations List all t Colleges	he approved as and/or Univ		you receive	ed from yo	our previous	

Required Paperwork	Each student will be responsible for submitting the following paperwork prior to registering for classes:					
			For Office Use Only			
	Documentation	n of Disability/Learning Disability	Attached			
	Major and Deg	at) Attached				
Submitting Information	All applications may be faxed, mailed, emailed, or brought in person to:					
	Vernon College Attn: Deana Lehman 4400 College Drive Vernon, TX 76384					
	Email Address: dlehman@vernoncollege.edu Office Number: 940-552-6291 Ext. 2308 or 2307 Fax # (940) 552-6387					
Signature	My signature indicates that all information is true to the best of my knowledge. I also understand that The Family Education Privacy Act (FERPA) allows the college to release Directory information to the public without the consent of the student. The student may request that all or any part of this information be withheld from the public. Directory information is defined as anyone's Name, Current Address, Telephone Listing, Major, Dates of Attendance, Enrollment Status, Degrees and Rewards Received, Previous Education Agencies/Institutions Attended, Student Parking Information. Information that may not be released include: Grades, Test Scores, Social Security Number and Location of Student's Classes. Institutions may disclose Education records without written consent of students to the following: Personnel with the Institution determined by the institution to have legitimate educational/record keeping reasons. Officials of other institutions in which the student seeks to enroll, Person or Organization providing financial aid, Parents of dependent students, Judicial Order or subpoena. I understand that most employees have access to student information.					
	Applicant's Signature		Date			
Departmenta	l Use Only	Date Received	Date Entered to Database			
		Special Services Approval	Database Entry Initials			

Name of Applicant

Comments