



Services for Students with Disabilities (SSD)

Interpreting Services

Columbia College Chicago
623 S. Wabash | Suite 304
(312) 369-8296 Phone
(312) 369-8485 Fax

Application for Services

Name: _____ OASIS ID#: _____

Birth Date: _____ Today's date (include year): _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone Number: (_____) _____

Email: _____ Major(s): _____

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Alcoholism (seeking treatment) | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Orthopedic or Speech Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Psychological/Psychiatric Disability |
| <input type="checkbox"/> Drug Addiction (seeking treatment) | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other (Please describe) |
| <input type="checkbox"/> Heart Disease | _____ |

Please be aware that some of the above conditions (e.g. HIV, Diabetes) do not in and of themselves constitute disabilities unless accompanied by related conditions that substantially limit a student's ability to perform one or more major life activities

In the event of an emergency, do you require assistance in evacuating the building?

Circle: ***YES** **NO**

*(*If you circle YES, please make sure this is indicated in your student profile in OASIS)*

Please describe the accommodations you are requesting in your classes or on campus. The accommodations are subject to the approval of Services for Students with Disabilities staff.

Emergency Contact:

Name(s): _____ Telephone: (____) _____

Relationship: _____ Address: _____

I give permission for the Services for Students with Disabilities (SSD) staff, and/or the Interpreting Services (IS) staff to disclose and receive information concerning the nature of my SSD/IS eligibility and my academic progress. This privilege will be exercised on an as-needed basis with Columbia College Chicago faculty and staff that are deemed appropriate by SSD/IS.

Signature

Date

YOU WILL NEED TO PROVIDE A COPY OF YOUR DISABILITY DOCUMENTATION TO SSD. MAKE SURE THAT YOUR DOCUMENTATION COMPLIES WITH ALL THE GUIDELINES SET FORTH BY COLUMBIA COLLEGE CHICAGO (<http://www.colum.edu/ssd>). PLEASE SEE THE SSD STAFF WITH ANY QUESTIONS REGARDING THE DOCUMENTATION GUIDELINES.