## **APPENDIX A Application for Disability Support Services**

DATE SUBMITTED TO DSS O	FFICE:		
Name:		Student ID #:	
Address:			
City:	State:	Zip Code:	
Primary Phone: ()	Altern	nate Phone: ()	
Student email address*:			
Program of Study:			
	- •	of functioning in the academic classroo	
		through your student e-mail, so please	
** A history of accommodations Community College.**	in itself does not warn	rant the provision of similar accommod	dations at Wallace
***Please review pages 11-13 o professional that must be subm		for disability documentation from y	our medical
		de the appropriate documentation, the of the accommodations you may receive	