



SAR

Student Accessibility Resources Student Request Form



COLLEAGUE ID	STUDENT NAME		
TODAY'S DATE		SEMESTER/YEAR	
TCC EMAIL		PHONE NUMBER	

1. How did you learn about the Student Accessibility Resources department?

- Campus Referral
 High School Counselor
 Family/Friend
 Instructor
 Poster/Advertisement
 Website
 Other

2. Emergency Contact Information (optional)

Name: _____

Relationship: _____

Phone Number: _____

3. Are you attending high school? If yes, please select one of the below:

- Dual Credit
 Early College High School

4. Do you give permission to leave confidential information on voicemail? YES NO

5. Are you currently enrolled at TCC? YES NO


If yes, which campus(es):

- Northeast
 Northwest
 South
 Southeast
 Trinity River
 TCC Connect

If no, what semester are you planning to start TCC?

- Fall
 Spring
 Summer
 None, currently exploring colleges

6. Have you previously received Student Accessibility Resources at TCCD? YES NO

If yes, skip to question 13 on the back. 

7. Are you transferring from another college? YES NO

If yes, please list accommodations you received:

8. Are you requesting services for orientation and/or placement testing? YES NO

If yes, please state the accommodations you are requesting:

**Please note that some accommodations may require additional time to arrange once approved.*



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9. Are you a Veteran? YES NO

10. Are you currently working with any of the following agencies?

- Texas Workforce Commission (TWC)
- MHMR Mental Health Services
- Other

If so, please include your caseworker's information:

Name: _____

Phone: _____

E-mail: _____

11. Disability Information: Check All That Apply

- | | | |
|--|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Asperger's/Autism | <input type="checkbox"/> Blind/Low Vision |
| <input type="checkbox"/> Chronic Medical | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physical/Mobility |
| <input type="checkbox"/> Other: _____ | | |

12. Accommodations:

(Accommodations will be determined by the SAR Coordinator and Student)

Please list what accommodations you are requesting:

Students Returning to SAR

13. When did you last receive services? _____

14. Has your disability changed? YES NO

If yes, please explain.

15. Do you want to request different accommodations? YES NO

If yes, please explain.

Student Signature: _____

Date: _____