First name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

ctcLink ID Number: Click or tap here to enter text.

TCC Student Email address: Click or tap here to enter text.

Date of birth Click or tap to enter a date.

1. **Do you attest that you have a disability or health condition and want to request accommodations?**

[ ]  Yes

[ ]  No

[ ]  I am not sure (if you choose this, please add notes in section provided below)

Additional Note or Comment:Click or tap here to enter text.

1. **Have you experienced barriers to getting evaluated of your disability or health impacts?**

[ ]  No access to medical documentation to support the need for accommodation.

[ ]  No former IEP/504/Accommodation plan from HS or previous college.

[ ]  Moved and experiencing challenges to get evaluated.

[ ]  Cultural/family not supportive of getting a diagnosis.

[ ]  Or your disability is physical and apparent and you do not think documentation is needed.

Additional Note or Comment:Click or tap here to enter text.

Signature/Date: Click or tap here to enter text.Click or tap to enter a date.