



1000 Hensley Creek Rd. \*Ukiah, CA 95482 \* 707-468-3031 phone\*[www.mendocino.edu](http://www.mendocino.edu)\*  
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## Application for Services

Mendocino College provides support services through the Disability Resource Center (DRC) Office for students with verified disabilities. Completion of this form constitutes an agreement to apply for DRC services.

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Referral? How did you hear about us?: \_\_\_\_\_

**Please check all that apply to you:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Acquired Brain Injury | <input type="checkbox"/> Low Vision/Blind                                      | <input type="checkbox"/> Physical/Mobility   |
| <input type="checkbox"/> Hard of Hearing/Deaf  | <input type="checkbox"/> Intellectual Disability                               | <input type="checkbox"/> Mental Health       |
| <input type="checkbox"/> Autism Spectrum       | <input type="checkbox"/> ADHD  | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> I have documentation verifying my learning disability |  |
|  | <input type="checkbox"/> I wish to be tested for a learning disability         |  |

**How do you believe that your disability impacts your educational participation?**

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**What do you think will help you be successful in your classes? If you have had assistance at a previous college, what services seemed to help you the most?**

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