



Guam Community College
Office of Accommodative Services (OAS)
Request for Accommodation(s) Form

Section I. Personal Information:

Last Name: _____ First Name: _____

Student ID#: _____ Date of Birth: _____ SS# (Optional): _____

Date of Request: _____ Request for Semester/Year: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Your GCC email address: _____ Other email address: _____

In case of emergency, whom may we contact on your behalf? Name: _____

Phone Number: _____ Relationship (mother, brother friend, etc): _____

Are you a current high school graduate? Y or N: If yes, please indicate the name of high school you graduated from: _____ Year graduated: _____

Is this your first semester? Y or N

Section II: Disability Related Information: Please answer the following questions regarding your disability and how it impacts your ability to learn, attend, or participate in college life.

1. Please indicate your disability type(s). Check all that apply:

- Psychiatric Disorders _____
- Cognitive Disorders _____
- Neurological Disorders _____
- Physical Disorders _____
- Respiratory Disorders _____
- Sensory Disorders _____
- Other: _____

2. Please check all that apply:

- I use a wheelchair
- I use assistive mobility devices (braces, crutches, cane, or prosthesis)
- I wear a hearing aid
- I need to read lips of instructors
- I rely on sign-language interpreting
- I have difficulty taking notes in class
- I tire easily when I walk distances
- I have difficulty walking up/down stairs
- Other: _____

3. Are you currently taking any medication related to your disability or medical condition? Yes or No

If yes, list all the medications you are taking: _____

4. Please list the type of accommodations you are requesting for and how it relates to your disability.

5. Please list any Special Education Services you received while in high school: _____



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6. If you are a transfer student from another college, please list all the college(s) you attended, the reasonable accommodations that you received:

Blank lines for listing colleges and accommodations.

7. Do you receive services from any of the follow agencies: Please check all that apply.

- Division of Vocational Rehabilitation
GDOE Special Education Program
Office of Veteran Affairs
Recording for the Blind & Dyslexic (RFB&D)
Agency for Human Resources and Development
Other (Please specify):

If yes; Please indicate the name of your counselor or case manager:
Contact Number: Service currently receiving:

Policy on Confidentiality

Family Educational Rights Privacy Act (FERPA)

FERPA is a federal law designed to protect the privacy of educational records and to establish the right of students to inspect and review their educational record. Records maintained at GCC for the purpose of coordinating services for students with disabilities, including any medical or clinical records, we considered educational records as defined by FERPA and may be disclosed to other school officials with a legitimate educational interest.

I have completed the Application for Accommodations as thoroughly and accurately as possible. Furthermore, I have read and understand OAS policy on confidentiality.

Student Signature

Date

OAS OFFICE USE ONLY

- Medical Documentation Submitted
IEP Documentation Submitted
No Documentation

Application received by:

OAS Staff/Print and Signature

Date