Washington County Community College
Calais, Maine
Discover Choices • Create Success

Application for Accessibility Services

Name

DOB Email

Address

Phone Student ID

Check all that apply:

- ☐ Hearing Impairment
- ☐ Learning Disability
- ☐ Head Injury
- ☐ Upper Body/Extremities
- ☐ Other (please specify)
- ☐ Visual Impairment
- ☐ Mobility Impairment
- ☐ Psychological/Emotional
- ☐ Chronic Illness

Are you a client of:

- ☐ Vocational Rehabilitation Name of Counselor
- ☐ Dept. of Veterans' Affairs Name of Counselor

Name and address of High School or Health Care Professional:

Please describe how your disability affects your academic studies:

Authorization for Release of Confidential Information - Sending School

Name _____

DOB _____ Phone _____

Address _____

I, _____, authorize the exchange and release of confidential information between Washington County Community College Accessibility Services and _____.

Please send my **most current** Psycho-Educational Testing and IEP/504 plan to:

WCCC Office of Accessibility Services
1 College Drive
Calais, ME 04619
wcccaccessibility@mainecc.edu

I understand that information will be treated in a confidential manner. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Student Signature _____ Date _____

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Authorization for Release of Confidential Medical Information

Name _____

DOB _____ Phone _____

Address _____

I, _____, authorize the exchange and release of confidential information between Washington County Community College Accessibility Services and _____.

Please send my **most current** medical records pertaining to _____ to:

WCCC Office of Accessibility Services
1 College Drive
Calais, ME 04619
wcccaccessibility@mainecc.edu

I understand that information will be treated in a confidential manner. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

Student Signature _____ Date _____