



# Disability Resource Center (DRC) Application for Services

Name: \_\_\_\_\_, \_\_\_\_\_  
last first

Palomar ID#: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you or have you been a Client of the Department of Rehabilitation? Yes No

List the disability(ies) you request to receive accommodations for. If you've never been diagnosed or assessed for a medical condition or learning disability, please describe the learning difficulties you may be experiencing.

\_\_\_\_\_

Have you received academic accommodations before?

Yes No If Yes, where? \_\_\_\_\_

Palomar College DRC determines eligibility for Learning Disabilities Testing for students who self-refer or have been referred by a professor or counselor because of specific learning concerns.

Are you interested in Learning Disabilities Testing? Yes No



**As a student at Palomar College, I understand that:**

- Participation with the DRC program is voluntary.
- Receiving support services or specialized instruction does not preclude me from participation in any other course, program or activity offered by Palomar College.

**I further understand that use of the DRC carries certain responsibilities. I agree to:**

- Utilize the DRC services in a responsible manner. I understand that the DRC uses written service provision policies and procedures, which must be adhered to, for continuation of services.

**I understand and agree to the rights and responsibilities listed above, and:**

- I give permission for DRC staff to discuss information in my educational records with other professionals with a legitimate educational need to know.

\_\_\_\_\_  
Student Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date