



Disability Resources Application

First Name: _____ M.I.: _____ Last: _____ Date: _____

Student L#: _____ Date of Birth: _____ Gender:

E-mail: _____ Phone: _____ Cell: _____

May we say we're calling from Disability Resources? Yes No

Orientation Type: Group Individual Online Orientation Date: _____

Address: _____

City/State/Zip: _____

Have you applied for admission to Lane? Yes No Have you taken Placement Tests? Yes No

Are you currently receiving Federal Financial Aid? Yes No If not, have you applied? Yes No

Are you currently taking classes? Yes No **If not, when will you start?:** _____

Major: _____ **Academic Advisor:** _____

Educational History

High School attended: _____ City/State: _____

Diploma year: _____ GED year: _____ Still in High School? Yes No

Have you been on an Individual Education Plan (IEP)? Yes No 504 Plan? Yes No

Previous College: _____ City/State: _____ Year: _____

Did you use accommodations in High School or at another College? Yes No Please List: _____

Are you a military veteran or currently a member of the Armed Forces? Yes No

Are you working with any public or private agencies such as:

- VA Vocational Rehabilitation DD Services Full Access Brokerage
- SSI/SSD Commission for the Blind Other: _____

Disability Information: Describe your disability/disabilities and how they affect you in the learning environment:

Challenges: Check issues that are challenging to you:

- Note Taking Reading Navigating Campus
- Test Taking Writing Other: _____
- Vision Typing
- Hearing Seating

Return application and disability documents to: LCC Disability Resources,
Building #1, Room 218, 4000 E. 30th Avenue, Eugene Oregon, 97405
(541) 463-5150 Voice, (541) 463-4739 Fax, 711 TTY
or email to: frontdesk@lanecc.edu