



**DISABILITY SUPPORT SERVICES**

PO Box 97 - 303 Lowe St.  
Valdez, Alaska 99686  
(907) 834-1631 (Voice)  
**(800) 379-2230 (Secure Fax)**  
DSS@pwsc.edu

**REQUEST FOR SERVICES**

All sections must be filled out to be considered for the determination of accommodations process, and supporting documentation must be received from any agency, provider, or educational institution before a determination will be made. Visit <http://www.pwsc.edu/campus-life/student-services/disability-support-services/> for more information about eligibility and proper disability documentation.

Please return the completed form to Christopher Washko, DSS Coordinator.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

UA Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email (please write legibly): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PRINCE WILLIAM SOUND COMMUNITY COLLEGE recognizes the rights of all individuals to confidentiality of information included in any and all personal records and for professional records maintained by an agency providing treatment services to that individual.

PRINCE WILLIAM SOUND COMMUNITY COLLEGE also recognizes the rights of students to privacy of students records as required by the *Family Educational Rights and Privacy Act of 1974* which states that parents of students under 18 years of age and students over 18 years or attending postsecondary schools must provide a signed release of information prior to the release of that information from their records.

**Brief Description of Disability and Accommodations Requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for DSS to release my PWSCC grades to DVR each semester if requested by DVR counselor.

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ N/A

I UNDERSTAND THAT this *Request For Services* serves only to grant permission for PWSCC's Disability Support Services Coordinator to begin the process of reviewing my documentation and initiating dialogue with me about my success at PWSCC as it relates to my disability. Accommodation is not guaranteed unless a formal Determination has been completed that includes appropriate and reasonable efforts by the college to support me in my studies.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY to supply appropriate documentation to establish my eligibility for services and/or academic accommodations and that if the information is not sufficient, it will be my responsibility to supply additional documentation as needed.

\_\_\_\_\_  
Signature of Student (or Parent/Guardian) Date