



**MAYSVILLE**  
COMMUNITY  
& TECHNICAL **COLLEGE**

## Student Profile

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Major: \_\_\_\_\_ Projected graduation Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ email address: \_\_\_\_\_

Please list any schools/programs attended since graduating/earning GED:

\_\_\_\_\_

What is the nature of your disability? \_\_\_\_\_

\_\_\_\_\_

How long have you been diagnosed? \_\_\_\_\_

In your own words, please describe how your disability impacts your daily life and education:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What accommodations have you utilized in the past (extended exam time, note-takers, etc.)?

\_\_\_\_\_

\_\_\_\_\_

What accommodations are you seeking this semester?

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Please list any assistive technology you currently use or have used in the past (e.g. screen readers, books on tape/CD, CCTV, etc):

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Would you like Disability Services to notify your instructors of your disability? \_\_\_\_\_  
(If you answer "no" the office will simply notify instructors of your accommodations or concerns without revealing the nature of your disability.)

If you answered yes, please specify level of disclosure. \_\_\_\_\_

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Are you currently working with the Office of Vocational Rehabilitation? \_\_\_\_\_  
If yes, what is your counselor's name? \_\_\_\_\_

Would you want us to contact someone at home for you should we have concerns during the semester? If yes, please include a name, nature of relationship and contact information.

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Please list classes you are requesting accommodations for: \_\_\_\_\_

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Signature: \_\_\_\_\_