



**WCCC Office of Accessibility Services**  
**One College Drive, Calais, Maine 04619**  
**(207) 454-1093**  
**accessibility@wccc.me.edu**

## Application for Accessibility Services

Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email: \_\_\_\_\_

Check all that apply:

\_\_\_\_ Hearing Impairment

\_\_\_\_ Visual Impairment

\_\_\_\_ Learning Disability

\_\_\_\_ Mobility Impairment

\_\_\_\_ Head Injury

\_\_\_\_ Psychological/Emotional

\_\_\_\_ Upper Body/Extremities

\_\_\_\_ Chronic Illness

\_\_\_\_ Other (please specify) \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_