

# Application for Student Support Services



SACRAMENTO STATE  
COLLEGE OF CONTINUING EDUCATION

## Confidential

Students with disabilities who initially request service(s) must provide CCE with appropriate documentation of disability. This documentation, along with the Application for Student Support Services, must be submitted to CCE at least 2 weeks before the first day of class/needed services.

Contact CCE: **916.278.4433** Fax: **916.278.3680** or email: [cceinfo@csus.edu](mailto:cceinfo@csus.edu)

First Name Middle Last Name Sac State ID

Address City State Zip Code

Home Phone Cell Phone Email Gender Date of Birth

Have you applied for SSWD/student support services before at Sacramento State?  Yes  No

Enrollment Type:  College of Continuing Education  Early Start Program  
 Open University  Winter Intersession

Semester:  Fall  Spring  Summer  Winter Year: \_\_\_\_\_

Class Level:  Fr.  Soph.  Jr.  Sr.  Grad. Major: \_\_\_\_\_

First semester and year at Sacramento State: \_\_\_\_\_

ELM Taken (Score \_\_\_\_\_)  EPT Taken (Score \_\_\_\_\_)  
 WPJ Taken (Score \_\_\_\_\_)  WPG Taken (Score \_\_\_\_\_)

Primary Disability: \_\_\_\_\_  Permanent  Temporary

Other Disabilities: \_\_\_\_\_  Permanent  Temporary

## What support services are you requesting?

Sign Language Interpreter  Captioner  Alternative Formats  Reader  
 Test Accommodations  Note Taker  Course Accommodations  
 Other: \_\_\_\_\_

## Do you use any of the following aids?

White Cane  Braille  Manual Wheelchair  
 Guide Dog  Respirator  Electric Wheelchair/Scooter  
 Service Dog  Crutches/Braces  Special Optical Devices  
 Walker  Cane  
 Prosthetics:  Arm  Leg  
 Other Aids (please specify): \_\_\_\_\_

## Verification of Information/Confidentiality Statement:

By signing this application, I attest that all the information on this application is true. I hereby give permission for CCE and SSWD professional staff to release or obtain information to or from other professionals (on & off campus), relevant to the impact of my disability on my education, in order to assist me in the pursuit of my educational/career goals. This authorization shall remain in effect during my enrollment at CCE or until revoked in writing by me.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_