

FERPA: Yes ___ No ___



Laredo College

Ft. McIntosh Campus
Kazen Student Center Rm. 132
South Campus
Billy Hall Center Rm. A132
956.721.5137

Referred by: _____

Special Services Center

PID: _____

Registration & Data Collection Form

Name: _____ DOB: _____ S.S. #: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell: () _____ LCC Email: _____@students.laredo.edu

High School Attended: _____ Date of Graduation: _____
Month/Year

EMERGENCY CONTACT PERSON:

Name: _____ Relationship: _____ Phone: () _____

DIAGNOSTIC INFORMATION

Type of Disability (please specify):

☐ Learning ☐ Physical ☐ Visual ☐ Hearing ☐ Psychiatric ☐ ADD/HD ☐ Other

Are you currently seeing a physician for your condition? ☐ Yes ☐ No

Name of physician: _____ Telephone: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

Are you an active client of the Texas Workforce Solutions Vocational Rehabilitation Services and Blind Services (TWS-VRS-BS) ☐ Yes ☐ No Counselor's Name: _____

Telephone: () _____

Are you a client of any other Texas State Agency: Yes ☐ No ☐ Contact Person: _____

Name of Agency: _____ Telephone: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

If you are a client of a state agency, may we request records from your counselor and likewise provide them school-related information, such as, but not limited to, grades, course schedule, financial aid information and admission status? ☐ Yes _____ ☐ No _____

Initials

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By signing the application below, we will comply with your request. Any change to the above must be communicated to the Special Services Center Counselor immediately in writing.

The attached *Release of Confidential Information*, if signed by you, will allow this office to assist you in obtaining records required to better serve you.

Applicant's Signature

Date

Special Services Counselor

Date