



Disability Services Welcome Form

Date: _____

First Name _____ M.I. _____ Last Name _____ ID#: P00 _____

Address _____ City _____ State _____ Zip _____

Phone (____)-____-____ Lamar PA Email _____@lamarpa.edu

Date of Birth (MM/DD/YYYY) _____

Support Services Requested for (check all that apply)

- Disability Accommodations
- Transportation Voucher *
- Day Care Assistance Program *
- Housing Assistance *
- Assistance with Uniforms, Supplies, Textbooks, Graduation Caps/Gowns *
- Equipment/Device/Laptop Loan *
- Mentoring Support for Non-Traditional Major *(career pathway traditionally for the opposite gender)
- Tuition Assistance *

* Service available for Technical majors only.

Major _____

Educational Experience:

High School _____ Location _____ Year _____

College _____ Location _____ Year _____

Hours Completed _____ Major _____ GPA _____

College _____ Location _____ Year _____

Hours Completed _____ Major _____ GPA _____

How did you find out about our program? (Please check all that apply)

- Family Member
- LSCPA Faculty or Staff Member
- Campus Flyers
- LSCPA's Support Services Awareness Week
- TX Workforce Solutions/Vocational Rehabilitation Counselor
- Other _____
- Friend
- LSCPA's New Student Orientation
- High School Counselor