



QUINCY COLLEGE | PLYMOUTH & QUINCY CAMPUSES

FOCUSED ON TEACHING & LEARNING, ONE STUDENT AT A TIME

Quincy Campus, 1250 Hancock Street, Quincy, MA 023169 Suite 508

Plymouth Campus, 36 Cordage Park, Plymouth MA 02360 Suite 220

DISABILITY SERVICES OFFICE

DISABILITY SERVICE OFFICER: 617- 405-5915 FAX: 617-984-1792

<http://www.quincycollege.edu/departments/disability-services>

STUDENT REGISTRATION FORM

Date _____

Circle Campus: Quincy Plymouth

Name _____

Student ID Number _____

Date of Birth _____

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

Cell Phone Number _____

Home Phone Number _____

E-Mail address _____ Age _____ Male _____
Female _____

Country of Birth: _____ Country of Citizenship: _____

Where do you work: _____ Work Phone Number: _____

How did you find out about Disability Services Office?

If you were referred, please check all that apply:

- Professor/Faculty Member: _____ Parent(s)
- Physician
- Faculty Advisor _____ Academic Advisor _____
- Self-Referral Student Success Coach: _____

Off-Campus Counselor or Therapist (e.g., Mass Rehab.):

Name _____ Agency: _____

Contact Information: _____

Other: (please specify): _____



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STUDENT REGISTRATION FORM PG2

1. Please describe your disability:

2. In what ways does your disability impact your life and school experiences?

3. What accommodations and services have you used in the past?

4. Describe the kind of assistance you are seeking from the Disability Services Office at this time:

I certify by my signature or typed name that all of the above information is true and correct to the best of my knowledge.

Signature

Date

Office Use Only: