

To apply for accommodations, please print, complete and return this application to our office at the address listed below.

Do You Know ...

Qualified individuals with a documented disability may be eligible for services from this office. Our mission is to ensure that students with disabilities have equal access to Evergreen programs and activities. Please do not send documentation at this time. We will send you an information package upon receiving this letter.

(Please print clearly)

Today's Date: _____

Quarter of Registration: Fall Winter Spring Summer Year: _____

Name: _____

Phone: (_____) _____

Address: _____

If you are a student with a diagnosed disability, please check the disability with which you most closely identify:

1. ____ Acquired Brain Injury
2. ____ Blind/Visual Impairment
3. ____ Central Nervous System/Neurological Condition
4. ____ Chronic/Acute Health Condition
5. ____ Deaf/Hearing Impairment
6. ____ Learning disability
7. ____ Mobility Impairment
8. ____ Psychological/Emotional Condition
9. ____ Speech/Language Impairment
10. ____ Other; please describe _____

Please Mail to the Following Address:

The Evergreen State College
Access Services for Students with Disabilities
Library 1407-D, 2700 Evergreen Parkway NW,
Olympia, WA 98505

For more information, please contact:
Email: pickeril@evergreen.edu
Phone: (360) 866-6000 extension 6348/6364
TTY: (360) 866-6834
Fax: (360) 866-6823

The Evergreen State College 2700 Evergreen Parkway NW Olympia, Washington 98505 (360) 867-6000
