



Student Information Form

Date: _____

Student Information:

Last Name:	First Name:	Initial:	Preferred Name:	Birth Date:
Student S Number:	Do you know how to access your RRCC student email?			
Contact Number:	Are you registered to vote?	Are you a Military Veteran?		

Questions:

What is your disability or diagnosis?

During your K-12 Schooling, did you have an IEP or a 504 Plan? Yes NO

List the accommodations or assistance in the past that you found helpful.

Describe any difficulties you are having or anticipate having in college?

What is your Major? _____