



## 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?**

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**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.**

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

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**What is your Major?** \_\_\_\_\_