



Intake Information
Disability Resource Center
<http://www.bellevuecollege.edu/drc>
 Main Campus, B132
 Phone: 425-564-2498
 Fax: 425-564-4138
 TTY: 425-564-4110

General Information

Today's Date: _____
 Name: _____ Student ID#: _____
 Address: _____
Street City State Zip
 Phone: _____ Email: _____
 Date of Birth: _____ Gender: Male Female Other Prefer not to answer
 Emergency Contact Name: _____ Emergency Phone#: _____

Disability Information

Please explain details about your disability and its impact on major life activities and your education.

Education and Academics

What is the highest level of education that you have completed?

High School Diploma Date: _____ GED Date: _____
 College Where? _____ Did you graduate? Yes No
 Other: _____

First Quarter enrolled at BCC:

Fall Winter Spring Summer Year: _____

Have you applied for admission to BC? Yes No
 Have you taken the BC English Assessment? Yes No
 Have you taken the BC Math Assessment? Yes No

Optional Information

Which race/ethnicity do you consider yourself to be (check all that apply):

African-American Asian Spanish/Hispanic/Latino
 American Indian Pacific Islander White
 Other (Please specify): _____

Is English your second language? Yes No