



Truckee Meadows Community College

Disability Resource Center

STUDENT REGISTRATION FORM

Instructions

Please fax or mail this form to the DRC.

Truckee Meadows Community College
7000 Dandini Boulevard, RDMT 315 B
Reno, Nevada 89512-3999
Fax: 775-673-7277

Fall Spring Summer Year: _____

Name	_____	_____	_____
	Last	First	MI.

Student ID #	T _____
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Mailing Address	_____	_____
	Street	Apt. # (if applicable)
	_____	_____
	City	State Zip Code

Contact Information	Home Telephone: _____ - _____ - _____ Cell Number: _____ - _____ - _____
	TMCC Student E-mail: _____
	Alternate E-mail: _____
	Emergency Contact:
	Name: _____ Telephone: _____ - _____ - _____

Primary Disability	<input type="checkbox"/> learning disabilities <input type="checkbox"/> health impairments <input type="checkbox"/> psychiatric disorders <input type="checkbox"/> hearing impairments <input type="checkbox"/> head injuries <input type="checkbox"/> mobility impairments <input type="checkbox"/> spinal cord injuries <input type="checkbox"/> visual impairments
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Date of Birth	____/____/____
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Date	____/____/____
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