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3301 WEST 18TH AVENUE | EMPORIA, KANSAS 66801

CONFIDENTIAL DOCUMENT

To: Vice President of Student Services
Flint Hills Technical College

Name: _____ Social Security Number: _____
Last First

Permanent Address: _____
City State Zip

Local Address: _____
City State Zip

Date: _____ Home Telephone: _____ Work Telephone: _____
mm/dd/yyyy

Program of Study: _____

Disability is: Temporary Permanent

Disability Category: _____ Description of Disability: _____

Vision

Mobility/Ortho

Hearing

LD

Speech

Other