



STATEMENT OF STUDENT RESPONSIBILITIES

New Students:

- Meet with the Counselor and Student Advocacy Coordinator
- Complete the Accommodation Request form and return it to the Counselor and Student Advocacy Coordinator
- Complete the Consent to Release Confidential Information form and return it to the Counselor and Student Advocacy Coordinator
- Provide documentation of your disability/diagnosis
- Complete the Isothermal Community College admissions process including taking the placement test, providing transcripts, etc. as outlined in the Isothermal Community College Catalog.
- Comply with all policies, codes and regulations of Isothermal Community College as outlined in the Isothermal Community College Catalog.

****Students who are returning after a lapse in time should make contact with the Counselor and Student Advocacy Coordinator. Documentation of the disability/diagnosis will need to be reviewed and may need to be updated.**

Each Semester:

- Schedule an appointment with the Counselor and Student Advocacy Coordinator to sign and pick up Instructor's Notification letters.
- Notify the counselor of any changes in your schedule after the term begins.

I have disclosed to Isothermal Community College that I have a disability/diagnosis that requires special accommodations. I understand my responsibilities as listed above and that the information and documentation that I have provided is true.

Student's Signature _____ Date _____



ACCOMMODATION REQUEST FORM

Isothermal Community College is committed to providing access to facilities and reasonable accommodations in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. You have identified yourself as an individual with a disability. If you are requesting classroom accommodations, please complete this form and return it with documentation of your disability/diagnosis to:

**Jennifer Evers, Counselor and Student Advocacy Coordinator,
PO Box 804 Spindale, NC 28160
(828) 395-1481 or (828) 286-8800 (fax)**

Please fill out this form completely.

Name: _____ Preferred Name: _____
Date of request: _____
Student ID #: _____ DOB: _____
Address: _____
Phone Number (h): _____ cell: _____
Email address: _____
Emergency Contact name and number: _____

Type of Disability/Diagnosis (check all that apply):

ADD/ADHD Specific Learning Disability Physical Limitation
 Visually Impaired Deaf/Hard of Hearing Psychological/Mental Disorder
 Other Condition Autism/Asperger's (_____)
(_____)

Please list the accommodations you are requesting:

Extended testing time Read aloud Preferential Seating
 Separate Testing Setting Note Taker Handicapped Parking
 Tape Recorder in class Scribe Interpreting Services
 Wheel-Chair accessible rooms Adaptive Equipment Counseling/Advocacy Services
 Books in alternative format Assistive Technology Other _____

Before accommodations can be implemented, you must provide appropriate documentation of your disability/diagnosis and meet with the Counselor and Student Advocacy Coordinator to discuss your request.
Documentation guidelines: Documentation is necessary because a professional assessment is the basis for determining reasonable services and accommodations. Please see the Counselor and Student Advocacy Coordinator for guidelines on your specific diagnosis.

Student's Signature _____ Date _____

Staff Documentation do not write in this section

Documentation Received _____ Accommodations Approved _____ Denied _____ Adjusted _____
Accommodation letter given _____



CONSENT FOR RELEASE OF INFORMATION
FERPA RELEASE FORM

Student Name _____ Student I.D. Number _____

Date of Birth (mm/dd/yyyy) _____ Last four of SSN# _____

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Isothermal Community College to release the information specified below to the following individual(s) or agency (ies):

Name: _____

Name: _____

Name: _____

Check the box (es) below to indicate which records you wish to make available:

[] All Financial Aid Records (records such as, but not limited to: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

[] All Academic/Transcript Records (records such as, but not limited to: transcripts, admission and registration information, schedule documentation contained in the academic records).

[] All Student Account Records (records such as, but not limited to: amount for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to library fines, financial aid repayments and any other accounts receivable information contained in student account records).

[] Instructor/Classroom Records (records such as, but not limited to: attendance, progress reports, and test and homework scores if available. Please note: FERPA pertains to the release of records. Instructors are not required to have conversations about progress with anyone other than the student).

[] All College Records

[] Letter of Reference (I request that _____ serve as a reference for me.) (Name(s) of faculty, Staff organization, or group of individuals such as "Isothermal Community College")

[] Other (please specify) _____

Please Note: Records for Counseling and services for Students with Disabilities are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Student Records.

Student Signature: _____ Date: _____

Upon completion, please submit this form to the Student Records office located in the Student Center. Please be prepared to present a valid photo ID at the time of submission.