

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
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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:				
		:		
Phone Number (h):	cell:			
Email address:				
	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 accommodation	ons vou are requesting:			
Extended testing time	Read aloud	Preferential Seating		
Separate Testing Setting		Handicapped Parking		
Tape Recorder in class	Scribe	Interpreting Services		
	msAdaptive Equipment	Counseling/Advocacy Services		
Books in alternative format	Assistive Technology	Other		
and meet with the Counselor and S <u>Documentation guidelines</u> : Docum	student Advocacy Coordinator to disc entation is necessary because a pro	oriate documentation of your disability/diagnosis cuss your request. ofessional assessment is the basis for determining and Student Advocacy Coordinator for guidelines		
Student's Signature		Date		
Staff Documentation do n	ot write in this section			
Documentation Received Accommodation letter given	Accommodations Approved _	Denied Adjusted		



ACCESSIBILITY SERVICES

For the purpose of providing appropriate services and determining reasonable accommodations, it is often necessary for the Counselor and Student Advocacy Coordinator to exchange information with others who have a legitimate need to know. The Counselor and Student Advocacy Coordinator will exercise professional discretion when releasing any confidential information. However, there are **exceptions** to confidentiality in certain instances. We do not need a release to disclose information if someone threatens to harm themselves or others or needs to be hospitalized for other reasons. We are required to report to the proper authorities if someone indicates abuse of a child, elder, or disabled person. In addition, if there is a court order for information about a person, we are required to disclose the information requested. In all of these situations, we will try to make every effort to involve you in the process if a report must be made.

Name			Date of Birth	Student ID or SS #		
I CONS	ENT FOR THE RE	LEASE OF INFORMATION TO	THE FOLLOWIN	G THIRD PARTY MEMBERS	3 :	
(Initial her	re) Faculty	(Initial here) Parents/Guardians	(Initial Here)	College Counselor(s)		
(Initial her	The Division of V	ocational Rehabilitation				
(Initial her	Other College Of	ficials (i.e. Financial Aid, Records, D	irector of Plant Op	erations, etc.)		
(Initial her	re)	vider, please specify:			<i>-</i>	
(Initial her	Other(s):				_	
	ENT THAT THE IN ED PARTIES:	IFORMATION INDICATED BEL	OW MAY BE DIS	SCLOSED TO THE ABOVE		
 (initial here)	I consent to the release by <u>Jennifer Evers</u> , of any information she has concerning the student to the above- named third party. This includes but is not limited to background data, diagnosis, academic performance, and educational planning data.					
(initial here)	(initial here) I also consent the release to <u>Jennifer Evers</u> , any information the above-named third party has concerning the client/student. This includes but is not limited to background data, findings, diagnosis, treatment and educational records or planning data.					
(initial here)	(initial here) I understand that my records are protected under confidentiality legislation and cannot be diswithout my written consent unless otherwise provided for in the regulations. I understand I may revoke the consent at any time except to the extent that action has been taken. This authority expires with the composite of all transactions related to services provided by Isothermal Community College unless otherwise specific					
Signature of Student			Date			
Signature of Parent, Guardian or Authorized Representative (when required)			Date			
Thank y	ou very much for y	our cooperation.				
loppifor	Evers Counseler on	d Student Advocacy Coordinator	_ Date			



CONSENT FOR RELEASE OF INFORMATION FERPA RELEASE FORM

Student	Name	Student I.D. Number	
Date of	Birth (mm/dd/yyyy)	Last four of SSN#	
		al Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits the information specified below to the following individual(s) or agency (ies):	
Name:			
Name:			
Name:			
Check	the box (es) below to indicate w	ch records you wish to make available:	
		ords such as, but not limited to: status of file, award and disbursement of funds information, status, income information, and any other information contained in the application or finance	
	All Academic/Transcript Rec schedule documentation conta	rds (records such as, but not limited to: transcripts, admission and registration information, ed in the academic records).	
	and fees, refund information, r	(records such as, but not limited to: amount for tuition and fees, sources of payment for tuiticords hold information as it relates to library fines, financial aid repayments and any other contained in student account records).	on
		(records such as, but not limited to: attendance, progress reports, and test and homework FERPA pertains to the release of records. Instructors are not required to have conversation or than the student).	
	All College Records		
	Letter of Reference (I reques (Name(s) of faculty, Staff orga	hatserve as a reference for me.) zation, or group of individuals such as "Isothermal Community College")	
	Other (please specify)		
		I services for Students with Disabilities are considered medical records and are not covered orm must be obtained from these departments.	1
		ased orally or in the form of copies of written records, as preferred by the requester. This date it is executed until revoked by me, in writing, and delivered to Student Records.	
Student	: Signature:	Date:	
Upon co	ompletion, please submit this fo	to the Student Records office located in the Student Center. Please be prepared to presen	t a

valid photo ID at the time of submission.