Release of Information Form

I, _____, agree to release academic information concerning to the following individuals: _____

_____

_____

_____ _____

Student's Signature Date

_____

PCC Student Services

Students Seeking Accommodations for a Documented Disability

If you believe that your academic progress has been affected by disability-related issues, you may voluntarily supply documentation about the disability and its specific impact on your educational experiences. If you supply such documentation, we will keep it confidential and use it only as part of our voluntary efforts to increase participation by individuals with disabilities in accordance with **ADA** mandates. You also may choose **not** to supply this information. If you wish to provide this documentation, please use the following process.

1. As part of the intake process when you begin at Pamlico, you will speak with a Counselor in Student Services when entering a curriculum or a member of the Basic Skills team when entering the GED program.

2. At this initial meeting, you will be given and ADA Student Request for Accommodations and Release of Information Form for completion.

3. This ADA form must be filled out completely and either sent or taken to the office of the Vice President of Student Services. This form must be accompanied by documentation to support your request. A psychological evaluation or a letter from a doctor or other medical evidence should be no more than three years old. A copy of an I.E.P. is not sufficient documentation.

4. The Vice President of Student Services will confirm that all the documentation is complete and you are qualified for services.

5. If the documentation is complete, the Vice President of Student Services/Designee notifies the appropriate contacts at the college.

6. The student will receive either a letter or phone call from the Vice President of Student Services/Designee to set up an appointment to discuss your accommodation needs. An accommodation form will be completed by the contact person and signed by the student.

7. The Vice President of Student Services/Designee will take the accommodation form to the student's college instructors. The instructors will sign the form and return the original form to the Vice President of Student Services/Designee.

8. If you have any questions or concerns, please contact the Vice President of Student Services/Designee at 249-1851.

Date Received: _____ Copy Sent to: _____

Pamlico Community College
Student Request for Accommodations Under the Americans with Disabilities Act

Accommodation Policy: In keeping with the Americans with Disabilities Act of 1990, it is the policy of Pamlico Community College to provide students with disabilities every reasonable opportunity to participate in College courses and other activities. If you believe you will require an accommodation to assist you in meeting any course requirement or participating in College activities, please complete and return this form to Student Services. With this form, submit the appropriate, current, psychological evaluation or medical records that document your disability. The College will forward this form and your records to the appropriate person and you will be contacted regarding your requested accommodations.

_____ _____
Name of student- Please print Date

_____ _____
Address Social Security Number

_____ _____
City State Zip Telephone Number

Please describe your disability and how you think it may limit your course participation.

_____

_____

_____

List your requested accommodations as specifically as possible. Documentation is required.

_____

_____

_____

Acknowledgement and Consent: I understand and acknowledge that the determination of whether any accommodations of my disability requested by me will be made at the discretion of the College. In order to assist the College in making the determination of whether accommodations are appropriate for my disability, I herby consent to the release to the appropriate personnel of any information contained in this form and any other information I have provided to the College concerning my disability.

_____
Student Signature

Accommodation Request Form

To: _____ _____
Instructor Class

From: _____, Vice President of Student Services

Date: _____ Semester_____

Subject: Accommodations for Special Needs Students

Student: _____ ID#:_____

The purpose of this memo is to inform you of the needs of a student who has a documented disability. All concerned parties should hold this information in strict confidentiality. In post secondary education programs, it is the student's responsibility to advise the college of his/her disability and to request academic accommodations. Our Dean of Student Services Department holds each student's documentation of disability and determines eligibility for accommodations. All academic accommodations are in compliance with the American Disabilities Act.

The following assistance/accommodations are necessary for this student:

____ Classroom Assistance
1. Note taker
2. Sign language/oral interpreters
3. Tape recorder

___ Enlarged course materials

____ Test Accommodations
1. Audio Tape
2. Distraction Free Room
3. Extended time
4. Interpreter
5. Reader
6. Scribe

___ Due to the nature of this student's disability, please excuse
1. excessive tardies
2. extended absences

This student agrees to make up all missed work and understands that the integrity of the class may not be jeopardized due to excessive tardies or absences.

___ This student has been diagnosed with a Learning Disability. Please reinforce verbal directions and written directions.

_____
Student Signature Date

_____ _____
Vice President of Student Services Signature Date Instructor Signature
Date