

Statement of Student Responsibilities

New Students:

- Meet with the Student Support Counselor/Accessibility Coordinator
- Complete the Accommodation Request form and return it to the Student Support Counselor/Accessibility Coordinator
- Complete the Consent to Release Confidential Information form and return it to the Student Support Counselor/Accessibility 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 Student Support Counselor/Accessibility Coordinator. Documentation of the disability/diagnosis will need to be reviewed and may need to be updated.**

Each Semester:

- Schedule an appointment with the Student Support Counselor/Accessibility 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

Please fill out this form completely

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:

Student Support Counselor/Accessibility Coordinator

PO Box 804 Spindale, NC 28160.

(828) 395-1436/(828) 351-3354 (fax)

Name: _____ Preferred Name: _____ Pronouns: _____

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):

- | | | |
|---|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Physical Limitation |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> Psychological/Mental Disorder |
| <input type="checkbox"/> Other Condition
(_____) | <input type="checkbox"/> Autism/Asperger's | (_____) |

Please list the accommodations you are requesting:

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

Before accommodations can be implemented you must provide appropriate documentation of your disability/diagnosis and meet with the Student Support Counselor/Accessibility 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 Student Support Counselor/Accessibility Coordinator for guidelines on your specific diagnosis.

Signature: _____

Date: _____

Staff Documentation (Do not write in this section)

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

**ACCESSIBILITY SERVICES
ISOTHERMAL COMMUNITY COLLEGE**

For the purpose of providing appropriate services and determining reasonable accommodations, it is often necessary for the Student Support Counselor/Accessibility Coordinator to exchange information with others who have a legitimate need to know. The Student Support Counselor/Accessibility 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 CONSENT FOR THE RELEASE OF INFORMATION
TO THE FOLLOWING THIRD PARTY MEMBERS:**

(Initial here) Faculty Parents/Guardians _____ College Counselor(s)
(Initial here) (Initial Here)

(Initial here) Division of Employment and Independence for People with Disabilities (EIPD) Formerly VR

(Initial here) Other College Officials (i.e. Financial Aid, Records, Director of Plant Operations, etc.)

(Initial here) Mental Health Provider, please specify: _____

(Initial here) Other(s): _____

**I CONSENT THAT THE INFORMATION INDICATED BELOW
MAY BE DISCLOSED TO THE ABOVE INITIALED PARTIES:**

(initial here) I consent to the release by Student Support Counselor/Accessibility Coordinator, 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) I also consent the release to Student Support Counselor/Accessibility Coordinator, 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) I understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand I may revoke this consent at any time except to the extent that action has been taken. This authority expires with the completion of all transactions related to services provided by Isothermal Community College unless otherwise specified.

Signature of Student Date

Signature of Parent, Guardian or Date
Authorized Representative (when required)

.....
Thank you very much for your cooperation.

Student Support Counselor/Accessibility 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# _____

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.