



Disability Services Application

Student Information	
Student Name:	Student ID:
Date:	Student Cell Number:
Date of Birth:	Student Phone Number:
Student Email:	Student Work Number:
Student Address:	

******* Documentation Requirements *******

Documentation must be from a doctor/physician, vocational rehabilitation, school psychologist or other licensed health professional and meet the following criteria:

- Be on letterhead, dated and signed by the professional
- Be issued within the last three years
- State a specific diagnosis or disability (such as DSM)
- State the functional limitations the disability imposes
- List specific recommendations for accommodations in the academic setting

Examples of documentation may include: medical records, audiology/visual reports, vocational assessments, and/or psychological/neuropsychological evaluations, letters from healthcare professionals certified in their field of diagnosis

The following documents can be used to support the above documentation, but may not be enough on their own: a high school Individual Education Plan (IEP), a 504 Plan with DSM diagnoses

Disability and Stated Limitations

Please list your disability or condition. If there are more than one, include them as well:	
What adjustments are being requested?	
Describe how the requested adjustment will assist with individual access or participation in your educational progress or activity:	

Concerns on campus or with distance learning

Do you have mobility concerns while on campus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have concerns with online learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous disability services received? <i>(High School or College)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe how your disability/condition affects you as a learner:	

Sponsorship

Are you being sponsored by an agency? (i.e. Vocational Rehabilitation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who?	
Contact person/counselor:	
Phone number:	
May we contact this person to discuss your progress or to get additional information about your disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Optional)

I give my permission and consent for Disability Services personnel to discuss disability or other pertinent information with the following named individuals – **parent, guardian, counselor, instructor, high school liason, etc.** This permission will remain in effect until I provide written notification to the contrary or for the specific time listed here.

Date: _____

Time: _____

Topics to be discussed: _____

Student's Signature: _____ **Date:** _____

AUTHORIZATION FOR INFORMATION RELEASE AND CONFIDENTIALITY

The Family Educational Rights and Privacy Act (FERPA), requires institutions of higher education to establish written policies and guidelines governing the review, inspection, release, and maintenance of student educational records.

Please note the following:

- The Division of Student Services is the college agent charged with the responsibility for collecting and maintaining disability documentation.
- Information provided to the Division of Student Services is kept in a secure file with limited access and is only shared with others with the expressed written permission of the student or as the law permits.
- A confidential file is maintained on each student that includes demographics, documentation of the disability, a record of each contact and action taken.
- Information will only be shared within the institutional community if there is a compelling reason, such as a threat to an individual's safety and/or emergency situation.
- Consent of the student will be requested prior to releasing medical/psychological documentation to a third party or as the law permits.
- Confidentiality is not maintained in the case of child abuse, suicidal or homicidal intent.

I, _____ authorize Disability Services at Southern West Virginia Community and Technical College (SWVCTC) to release this information to the appropriate faculty and staff members in the coordination of my accommodations at SWVCTC. I grant permission for Disability Services to obtain a copy of my schedule each semester to receive accommodations. I understand that I need to meet with Disability Services at least once every semester. I fully understand that my records are confidential and can be released to **NO ONE** without my signature of permission or as the law permits.

Signature of Student

Date

Return Completed Disability Services Application to:

Southern West Virginia Community and Technical College
Office of Disability Services/Logan Campus
Brian S. Carter, Student Success Advisor with Disability Services
PO Box 2900
Mount Gay, WV 25637
Email: brian.carter@southernwv.edu

Student Rights and Responsibilities

Student Rights

Students with disabilities at Southern West Virginia Community and Technical College have the **right** to:

- information (in accessible formats);
- confidentiality: information about a student's disability will not be disclosed without the written permission of the student, unless it is required by law;
- an equal opportunity to learn;
- reasonable and effective accommodations and services; and
- equal access to activities, programs, services, facilities, and courses offered by the college.

Student Responsibilities

Students with disabilities at Southern West Virginia Community and Technical College have the **responsibility** to:

- register with the Office of Disability Services;
- disclose their disability in a timely manner;
- provide appropriate documentation;
- when necessary, receive information, counseling, and assistance;
- follow the college's policies and procedures for all students;
- follow the college's policies and procedures for obtaining reasonable accommodations and services; and
- meet the requirements and maintain the standards for all activities, programs, services, and courses.

Southern West Virginia Community and Technical College is a member institution of the Community and Technical College System of West Virginia. Southern WV Community and Technical College is accredited by The Higher Learning Commission. AA/EO/ADA Institution. Southern is an Affirmative Action/ADA/Equal Opportunity Employer. Southern does not discriminate on the basis of race, color, national origin, ethnicity, sex, disability, age, religion, gender, sexual or gender orientation, marital status, or veteran status

in the administration of any of its educational programs, activities, or with respect to admission or employment. Faculty, staff, students, and applicants are protected from retaliation for filing complaints or assisting in an investigation. Please contact the following concerning inquiries regarding non-discrimination policies and complaints: Title IX Coordinator, Darrell Taylor, 304.896.7432 | Affirmative Action Officer, Debbie C. Dingess, 304.896.7408 | Section 504 ADA Coordinator, Dianna Toler, 304.896.7315 or TTY 304.792.7054