

ALVIN COMMUNITY COLLEGE

Student Accessibility Services

Accommodation Request Form

To receive services from the Student Accessibility Services Office at Alvin Community College, you must complete this form and provide supporting documentation regarding your disability. The information is required to determine eligibility and, if eligible, appropriate support services. **This is not an application for admission to the college.** This form and all supporting documentation are maintained separately from your academic records and are held in strict confidence by Student Accessibility Services Staff.

Student Accessibility Services Staff will consider all relevant disability related information submitted by the student. Submitted documentation will be reviewed on an individual, case-by-case basis. The Accommodation Request Form and all other documentation may be submitted in person, faxed to 281-756-5760, emailed to SAS@alvincollege.edu, or delivered via mail to the address at the bottom of this page.

Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Alvin Community College ID #: _____

Phone Number: _____ Email address: _____

Would you like to receive communication by mobile phone (Text message)? **Yes** **No**

What semester are you requesting accommodations for? _____

What Academic Accommodations are you requesting at Alvin Community College?

Disability Related History

Approximate Date/Age of Disability Diagnosis: _____

Disability Diagnosis / Description: _____

How does your disability affect you academically? _____

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Texas Workforce Commission (TWC) or the Texas Health and Human Services Commission (HHSC).

Are you currently receiving assistance from TWC or HHSC? **Yes** **No**

If Yes, please provide the following (if available - Office Location, Counselor Name, Phone, & Fax):

TWC / HHSC Contact Information: _____

Veteran Status: Not a Veteran Veteran Active Duty Reserve

Chapter 31: Yes No

Educational History

High School Graduate (GED or HS equivalency): **Yes** **No**

If YES, Date of Graduation / Achievement (Month/Year): _____

Name of School: _____

If NO, [] Dual Enrollment, [] Home School, [] Other: _____

Did you receive Support Services in High School? **Yes** **No**

If yes, please identify the type of services that you received: _____

Have you attended any educational institutions beyond high school? **Yes** **No**

If Yes, did you receive disability services at that institution? **Yes** **No**

Accommodation Request Process

Students who complete an application but do not provide documentation or complete the intake process are not eligible to receive accommodations. In such cases, the Student Accessibility Services Office at Alvin Community College will make a reasonable effort to contact the student. If the student does not respond within thirty days or chooses not to complete the process, the student's disability information will not be retained.

I understand the Accommodation Request Process and my responsibility to provide appropriate documentation.

Student Signature: _____ **Date:** _____

3110 Mustang Road Alvin, TX 77511
281-756-5701 (phone) / 281-756-5760 (fax)

Effective 03/2021

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Student Accessibility Services Confidentiality Statement

All interactions with the Student Accessibility Services Office at Alvin Community College are confidential. All records or documentation of disability are confidential and stored in a secure location. No record or documentation of a disability is recorded in any academic, educational or job placement file. Student Accessibility Services staff adhere to strict standards of confidentiality as required by federal and state law and professional ethical standards. Information disclosed to Student Accessibility Services staff will not be revealed without the student's full knowledge, unless mandated by ethics, law, or written consent.

Exceptions to Confidentiality

An exception to confidentiality occurs when there is evidence of clear and imminent danger of harm to self and/or others. Texas state law requires reporting of physical abuse, sexual abuse or neglect of a child or elder that is learned of or highly suspected. A court order, issued by a judge, may require the release of information contained in records and/or require Student Accessibility Services Staff to testify in a court hearing. You may request, in writing, that Student Accessibility Services release specific information about your disability to persons or to agencies you designate. Student Accessibility Services Staff may consult with other Alvin Community College administrators, faculty, or staff to facilitate equal access to all services and programs.

Acknowledgement

I have read and understand the Student Accessibility Services confidentiality standards. I have also had the opportunity to ask any questions regarding the release of information, which were answered to my satisfaction. I hereby agree to these standards, as indicated by my signature.

Student Name: _____ **Student ID:** _____

Student Signature: _____ **Date:** _____

ACC ALVIN COMMUNITY COLLEGE

Student Accessibility Services

Student Accessibility Services Family Educational Rights and Privacy Act Release Form

Student Name: _____ Student ID: _____

Alvin Community College is required to follow the guidelines set forth in the Family Educational Rights and Privacy Act (FERPA). This act mandates that we safeguard and maintain the privacy and confidentiality of all student records. If you have a person or organization to whom you want non-directory information released, you must complete this form. In the event you wish to cancel this release, you must do so in writing with the Student Accessibility Services Office. Alvin Community College will not be responsible for disclosure of information made before written cancellation is received by the Student Accessibility Services Office. This FERPA Release is separate from the general academic FERPA Release obtained through the Admissions office.

*By completing the list and signing below, you give us permission to discuss your student record(s) with someone other than yourself (i.e. spouse, parent, organization). **Please write "None" if you decline release.***

Name of Individual or Organization	Relationship
_____	_____
_____	_____
_____	_____

Disclosure of 'non-directory' information allowed as marked below: (check all that apply)

- ☐ Disability related accommodations for academic services and programs
- ☐ Student Accessibility Services student records and documentation
- ☐ General academic progress in a course
- ☐ Scores on placement test(s)
- ☐ Other (please specify): _____

Security Questions: *(Remember your answers, and share them with persons listed! For security purposes, questions will be asked when speaking over the phone.)*

1. What junior high did you attend? _____
2. What street did you grow up on? _____
3. What is the name of your first pet? _____

Emergency Contact: _____ Phone: _____

Student Signature: _____ Date: _____