

Application to Access Services North Hennepin Community College

Name _____ Birthdate _____

Address _____

City _____ Zip Code _____

Phone # _____ NHCC ID# _____

Email address _____

Are you a current PSEO or transition student? Yes or No
If yes, please identify which transition program: _____

Have you been a prior college student? Yes or No
If you have attended college, where? _____

Did you use accommodations in college? Yes or No

Please identify the disabilities that impact you:

- | | |
|---|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Deaf |
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Hard of Hearing |
| <input type="checkbox"/> Autistic or Asperger's | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Psychiatric Condition(s) | <input type="checkbox"/> Systemic Impairment (other medical) |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Limited Vision |
| <input type="checkbox"/> Developmental Cognitive Disability | <input type="checkbox"/> Blind |
| <input type="checkbox"/> Chemical Dependency (history of) | |
| <input type="checkbox"/> Speech Impairment | |

Describe your disability and how it impacts your learning or functioning on a day to day basis:

List measures you are currently using to offset the impact. How effective are the measures?

Accommodations you have used during high school and/or college:

- | | |
|--|--|
| <input type="checkbox"/> Note taker | <input type="checkbox"/> Extended time for exams |
| <input type="checkbox"/> Digital audio recorder | <input type="checkbox"/> Separate, semi-private testing area |
| <input type="checkbox"/> Textbooks in alternative format | <input type="checkbox"/> Recorded exams or readers for tests |
| <input type="checkbox"/> Enlarged print | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Adaptive equipment or software | <input type="checkbox"/> Lab assistant |
| <input type="checkbox"/> Sign Language Interpreter | <input type="checkbox"/> Other _____ |

TENNESSEN WARNING

Access Services (AS) is asking you to provide documentation regarding your disability. The Director will evaluate the information and determine eligibility for services based on the information provided. This information is considered private information under state and federal law.

Accommodations are based on a student's functional limitations as supported by an acceptable source of documentation. You are not legally required to provide the information AS is requesting and you may refuse to provide some or all of the information. If you do not provide sufficient information, AS will provide service based on the documentation that is provided. AS cannot provide services if you do not provide any supporting information.

With some exceptions, unless you consent to further release of private information, access to this information will be limited to the AS office. However, federal and state law does authorize release of private information without your consent to:

- Other school officials, on a legitimate need to know basis, within the College who have legitimate educational interests in the information;
- Federal, state or local education officials for purpose of program compliance, audit or evaluation;
- As appropriate in connection with your application for, or receipt of financial aid;
- The juvenile justice system, if you are a juvenile, and the information is necessary, prior to adjudication, to determine the juvenile justice system's ability to serve you;
- An alleged victim of sexual assault, if you are the alleged perpetrator and the release is of the results of a disciplinary proceeding against you related to the alleged crime;
- Your parents, if your parents claim you as a dependent student for tax purposes;
- A court, grand jury, or state or federal agency, if the information is sought with a subpoena;
- An institution engaged in research for an educational institution or agency related to testing, student aid, or improved instruction;
- An accrediting organization in connection with its accrediting functions;
- Appropriate person in connection with an emergency, if necessary to protect your health or safety or the health or safety of others;
- If required by a court order, or permitted by other state or federal law.

RIGHTS AND RESPONSIBILITIES

I understand that I am required to do the following:

- Provide documentation substantiating your disability and related functional limitations for particular accommodations.
- Inform Access Services staff about needed accommodations and assistance.
- Communicate with instructor(s) to coordinate testing accommodations before each exam.
- Request services in advance. Accommodations are not retroactive.
- Follow all program and College policies and procedures.
- Provide attendant care for my personal needs while on campus.
- Meet the same academic requirements and academic standards as all students on campus.
- Report any grievance in a timely manner.
- Follow the College's Student Code of Conduct.

If I qualify as a person with a recognized disability, I have the right to:

- Receive reasonable classroom and testing accommodations.
- Receive services that may be needed for equal access to the campus.
- Not to be treated differently.
- Privacy of information within the limits of the law.
- Obtain assistance in order to gain access to college programs and facilities.
- Obtain information and advice that leads to self-advocacy.
- Report any grievance if my concerns have not been adequately addressed.

I understand the content of the above information. I agree that I will ask questions, before signing my name, if I do not understand.

Signature

Date

*This information is available in alternative formats by contacting
Access Services at (763)493-0555 (voice).
Minnesota Relay users may call 1-800-627-3529.*

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