

Holmes Community College Disability Support Services (DSS) Intake Application

Fill out information (type or print), print out the form, and sign/date as indicated to be submitted to the Holmes DSS Coordinator or to the appropriate campus academic/career-technical counselor.

DATE: _____ **SEMESTER/YEAR:** Fall Spring Summer Year: _____

HOLMES CAMPUS LOCATION: _____

PERSONAL INFORMATION:

Student's Name		Holmes ID H	
Holmes Email		Date of Birth	
Address			
City		State	Zip Code
Home Phone	Cell Phone	Other	
Emergency Contact's Name			
Emergency Contact's Phone Number			

DISABILITY INFORMATION (Check all categories that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Neurological | <input type="checkbox"/> ADD/ ADHD |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Auditory |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Physical |

Specific Diagnosis(es): _____

Specific Accommodations Requested: _____

Type of Document Submitted: _____

Date Submitted: _____

ACADEMIC INFORMATION:

Major: _____

Classification: Freshman *or* Sophomore

VERIFICATION INFORMATION:

I give permission to Disability Support Services to contact my parents and/or legal guardians and my diagnosing healthcare professional in their attempt to verify my eligibility for academic accommodations. I understand that this permission extends to the verification process only.

Student Signature

Date

Holmes Community College Disability Support Services (DSS) Consent Form

Fill out information (type or print), print out the form, and sign/date as indicated to be submitted to the Holmes DSS Coordinator or to the appropriate campus academic/career-technical counselor.

RELEASE OF RECORDS INFORMATION:

I hereby authorize Holmes Community College's Disability Support Services to communicate with the following: *(Please check all that apply and provide specific exclusions, if any.)*

Parents

List exclusions:

HCC Faculty/Staff, On-Campus Services (i.e., Residence Life, etc.)

List exclusions:

Off-Campus Services (i.e., Professionals, Schools, Vocational Rehab., etc.)

List exclusions:

Communication as denoted above may include obtaining and/or releasing student's historical and/or current information regarding assessment, diagnosis, needs, recommendations, treatment, prior services, academic records, performance, or information that may relate to accommodating student's needs on the indicated HolmesCC campus. This consent form will be valid until revoked by student.

A photocopy of the original consent form shall be as valid as the original consent form.

Signature _____ Date: _____

DISCLOSURE INFORMATION:

By completing and signing this intake application and consent form, you are voluntarily disclosing a disorder and requesting accommodations. You understand that disclosure of your disorder at this time does not necessarily confirm your eligibility status for services or accommodations. You also understand that the length of the verification process will depend upon the appropriateness of the document you have submitted. In addition, you understand that all information submitted to this office is to be completely confidential and used only for this institution's commitment and obligation to students with disabilities.

By signing below, you confirm that you have read and understand this document.

Student Signature

Date

DSS Staff Signature

Date

Date Application Received _____