

Student Disability Accommodations Release Form

Name: Student ID:

Phone: Email:

I understand that any accommodations provided will be appropriate, provided on an individualized basis, and will be determined by the college. These terms are outlined in the *Guide for Students with Disabilities*. If you do not have a copy and would like one, please come by the disability office and one will be provided for you. I authorize the Disability Services Office to disclose information regarding my disability and need for accommodations to Edgecombe Community College faculty and/or staff members.

I understand that it is my responsibility to **provide current documentation** of my disability to the Student Support Counselor. Documentation has two main purposes: to establish that individuals have a disability and to describe and document the functional impact of the disability for use in establishing the need for and design of accommodations. A school plan such as an Individualized Educational Plan (IEP) or a 504 Plan is insufficient documentation. Documentation is used to evaluate requests for reasonable accommodations and/or auxiliary aids. The evaluation process includes the impact of the documentation on the goals and standards of the program, course, and/or activity. The use or release of this information is limited to purposes directly connected with my educational program.

I understand that if I have questions regarding proper documentation of my request for accommodations, I should contact the Student Support Counselor at (252) 823-5166 ext. 263. I understand that once documentation is received and reviewed, a determination regarding my request for accommodations will be made.

Signature:

Date: