

Central Carolina Community College

1105 Kelly Drive • Sanford, NC 27330

Special Populations Services

919-718-7273

1-800-682-8353, ext.7273

11/06

Confidential Student Data and Disclosure Form

Dear Student:

Central Carolina Community College attempts to adapt services to the needs of any student with a physical, emotional, or learning impairment. In order to assist these students, we supply you with these forms. You have identified yourself as having a disability. If you require special services, please complete this form and the attached release form and return to:

David C. Oates, Director
Central Carolina Community College
1105 Kelly Drive
Sanford, NC 27330

If you have any questions contact the Special Populations Office immediately.

Please print:

Name: _____ Curriculum _____

Address: _____ Term Entering _____

Phone: _____

SS# _____ Net-mail Address _____

Emergency Contact _____ Emergency Contact phone # _____

Type of Disability _____

Please check all accommodations that apply to you:

- | | |
|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Reader |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Explain my disability to my instructors |
| <input type="checkbox"/> Test Accommodations | <input type="checkbox"/> Wheel-chair accessible rooms |
| <input type="checkbox"/> Note Taker | <input type="checkbox"/> Tape Recorder |
| <input type="checkbox"/> FM Audio System | <input type="checkbox"/> Other Accommodations _____ |

For additional information, please use the back of this form!

Before these accommodations can be implemented you must provide documentation of your handicap and meet with the Special Populations Director and complete a Service Contract for each semester you are enrolled.

Release: The Special Populations Office has my permission to receive and give information from/to academic, medical or counseling personnel to assist me with academic planning and appropriate accommodations.

Student's Signature _____ Date _____