

Central Carolina Community College

1105 Kelly Drive • Sanford, NC 27330

Special Populations Services

919-718-7273

1-800-682-8353, ext.7273

ACKNOWLEDGEMENT OF SPECIAL POPULATIONS INFORMATION

I _____ hereby acknowledge receipt of the Special Populations Information Packet. I understand that the following information was made available to me for the purpose of registering as a Special Populations student at Central Carolina Community College.

1. Special Populations Services Introduction
2. Voter Registration Transaction Record
3. Confidential Student Data and Disclosure Form
4. Consent for Release of Confidential Information (General)
5. Consent for Release of Confidential Information (Agency)
6. Consent for Release of Confidential Information (VR Services)
7. Service Contract
8. Student Schedule Request
9. Voter Registration Form (If needed)

I understand it is my responsibility to read and understand the information in this packet. I also understand that all information and documentation must be complete and the service contract completed before accommodations can be granted. I also understand that I must present my schedule and request accommodation each semester I am enrolled at CCCC.

Name _____ SS# _____

Date _____