



Office of Disability Service

IDENTIFICATION AND DISCLOSURE FORM
STUDENT INFORMATION

Student Name _____ Student ID: _____
Mailing Address _____
City _____ State _____ Zip Code _____
Home Phone (____) _____ Cell (____) _____
Emergency Contact Name _____ Phone: (____) _____
Email: _____

INFORMATION RELEASE

Polk State College is committed to keeping students information confidential in accordance with the Family Education Rights and Privacy Act (FERPA). If you elect to have your information released to a family member, friend, or spouse on your behalf, please complete a FERPA release with the Admission and Registrar's office. Your family member will receive a password to use in obtaining your record information.

DISABILITY DISCLOSURE INFORMATION

Please check all of the impairments for which you are self-disclosing

- Hearing Learning Mental/Psychological Physical Speech Visual
Other

ACCOMMODATIONS REQUESTED

Documentation supporting accommodations must be on file with the ODS before they can be rendered. Accommodations are based on your impairment(s).

- Access to instructors Notes/Power Points Extended Testing Time in TLCC 1.5/2.0 Note Taker
Extended Time for Assignments Reduced Distracted Room for Exams Typist
Permission to Record Lectures Reader for Exams Service Dog
Laptop in Class for Note Taking Scribe for Exams Sign Language Interpreter
Furniture Modifications Exams in Alternative Format Preferential Seating
Computer Aided Translation (CART) Mobility Device, other than a wheel chair
Specialized Equipment Assistive Technology
Other

I certify that the above information is true and accurate to the best of my knowledge. By signing this Identification and Disclosure Form, I am authorizing Polk State College's Office of Disability Services permission to share this information with the appropriate College staff when necessary in order to provide the approved accommodations.

Student Signature _____ Date _____



For Office Use Only

ACCOMMODATION APPROVAL FORM

STUDENT NAME _____ STUDENT ID _____

- Student has completed all admission requirements
Student provided complete and appropriate documentation on (Date)
Type of Impairment(s)

Emergency Contact for Student if Needed:

Table with 3 columns: NAME, RELATIONSHIP, PHONE

APPROVED ACCOMMODATIONS

The following accommodations have been recommended for the student based on the doctor/psychologist evaluation report, and therefore have been approved for student.

- Access to instructors Notes/Power Points
Extended Time for Assignments
Permission to Record Lectures
Laptop in Class for Note Taking
Furniture Modifications
Computer Aided Translation (CART)
Specialized Equipment
Other
Extended Testing Time in TLCC 1.5/2.0
Reduced Distracted Room for Exams
Reader for Exams
Scribe for Exams
Exams in Alternative Format
Mobility Device, other than a wheel chair
Assistive Technology
Note Taker
Typist
Service Dog
Sign Language Interpreter
Preferential Seating

NOTES:

APPROVAL OF ACCOMMODATIONS

The Office of Disability Services has reviewed the documentation presented and has approved the accommodations checked above for this student. This information is protected by the FERPA Privacy Act and cannot be disclosed to any party without the student's permission.

Office of Disability Services Staff

Date