

FREDERICK COMMUNITY COLLEGE SERVICES
DISABILITY ACCESS SERVICES
301-846-2408 (voice) 301-624-2778 (Fax)

REQUEST FOR SERVICE(S) APPLICATION/AGREEMENT

TODAY'S DATE: _____ FCC STUDENT ID: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____
(Street)

(City, State)

(Zip)

Home Phone: () _____ Video Phone _____ Cell Phone: _____

(LAST SCHOOL ATTENDED: (this could be the high school from which you graduated or college from which you are transferring).

YEAR OF GRADUATION: _____ GED High School College

****If you are still in high school, please choose where you will be enrolled in FCC classes:**

at my high school on a FCC campus

*Voluntary Question: Pronouns you would like for us to refer to you by (she/her/hers, they/them/theirs, he/his/him, or something else):

Disability Status: (Students must have a documented disability to be eligible for services)

I am unsure if I have a disability

Primary disability/Diagnosis: _____

I would like to discuss possible accommodations and services with a Disabilities Specialist.

Student's Signature

Date

Please Note: Upon completion of this page, you must meet with a Disabilities Specialist to discuss possible services/accommodations. Completion of this page does not automatically grant services.

Depending on the courses for which I am registering, I may need the following accommodations. **

Testing Accommodation	Accessible desk/chair	Assistive Technology
Extended Time	Sign language	○ _____
Quiet Location	Interpreter	○ _____
Permission to record	Note taker	Other: _____
Use of a computer	Scribe	

****Please note that checking one of the above boxes does not ensure the provision of a specific accommodation. Appropriate documentation must be submitted and reviewed before a student's eligibility for accommodations can be determined.**

Please complete this portion with a Disabilities Specialist during your appointment.

Student Initials	I AGREE TO THE FOLLOWING: (Student initials demonstrate consent.)
	I am reporting a disability and am requesting services from the Disability Access Services Office in order to participate in a College sponsored program or activity. To receive services, I must agree to the following items by initialing each.
	I consent to the release of information about my disability and accommodations to appropriate college personnel including faculty, staff, interpreters, etc., only to the extent necessary to allow me to participate in College programs and receive the support necessary for successful course completion.
	I will provide copies of documentation to support my request for services. Copies will be destroyed after 6 years from last use of accommodations at Frederick Community College. If documents are received, but services are not initiated, all documentation will be destroyed after 6 years from the date of receipt.
	I agree to give a copy of my Student Success Plan (accommodations) to each Instructor .
	I understand that the accommodations I receive will need to be renewed each semester .
	I also understand that if I receive a provisional accommodation plan for one semester, it is my responsibility to provide documentation in accordance with Disability Access Services Office guidelines before the accommodation plan will be renewed.
	I will inform the DAS Office in the event of course adds, drops or changes so that staff may monitor my performance in courses through the Student Success Alert Program and provide support when needed.

By signing below, I indicate I have **read, understood, and agreed** to each of the items listed above.

Student's Name	Signature	Date
DAS Representative	Signature	Date