



Pearl River Community College

Mississippi's Pioneer Community College

Date _____

Student ID: _____

Name _____

Home Phone _____

Address _____

Cellular Phone _____

City _____ State/Zip _____

Emergency Contact _____

E-Mail Address _____

Birthdate ____/____/____

Dormitory Number _____

Disability Information:

Please provide a detailed description of your disability.

Provide a brief description of the documentation you will provide the Developmental Disabilities Specialist. Include the professional who made the diagnosis and the year the diagnosis was made. **You are responsible for providing documentation papers.**

Explain how your disability affects your daily activities. What challenges or functional limitations do you experience as a result of your disability?

Are you currently receiving medical and/or mental health treatment for this disability? If yes, please explain.

Are you currently receiving any services and/or support from any agency or service organizations? If yes, list them.

Are there any academic/learning difficulties because of your disability? If yes, explain.

Are you currently receiving any accommodations? If yes, explain the nature and type of accommodations.

Have you disclosed this disability to anyone on your college campus? Who?

Are you receiving any financial support for your disability? If yes, from whom?

Is there any additional information you would like the ADA/504 Coordinator to know about you? If yes, please explain:

PEARL RIVER COMMUNITY COLLEGE cannot process your application or provide accommodations and services until documentation of disability is received and approved.

I understand the ADA/504 Coordinator will not disclose my records to others unless I give permission for them to do so or unless the law authorizes or compels them to do so.

Student Signature

Date

PLAN FOR REASONABLE ACCOMMODATIONS

Services to Assist Goals

Explain what type of accommodations you feel you need in an academic environment?

Do you need assistance in any of the following areas in order to meet your goals?

- Academic Career/Work
- Financial Aid Transfer Assistance
- Training on rights and responsibilities
- Other, please explain _____

If any of the above are marked, please explain assistance needed in greater detail bellow.

For the ADA Coordinator:

Reasonable accommodations requested:

Reasonable accommodations approved:

Referrals to other departments (i.e. Student Support Services, Counseling Center, etc.):

Student Signature

Date

ADA Coordinator

Date



Pearl River Community College

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CONSENT FORM

Name _____ Date _____

SS# _____ Date of Birth _____

I hereby authorize Pearl River Community College designated ADA/504 Coordinator for the
___ Academic Division ___ Career/Technical Division ___ Forrest County Center ___ Other
communicate with the following: (please check all that apply)

___ Parents

Parent Name _____
Address/ PO Box _____
City/State/Zip _____
Telephone # Home _____ Cell _____

List exclusions: (if any) _____

___ PRCC Faculty/Staff, On-Campus Services (Nurse, Student Housing Director, etc.)

List exclusions: (if any) _____

___ Off-Campus Services (Professionals, Schools, Vocational Rehab, etc.)

List exclusions: (if any) _____

Specific Agency/Organization/School to Contact

Specific Agency/Organization/School _____
Address/ PO Box _____
City/State/Zip _____
Contact Person _____ Phone # _____

Communication as denoted above may include obtaining and/or releasing student's historical and/or current information regarding assessment, diagnosis, needs, recommendations, treatment, prior services, academic records, performance or information that may relate to accommodating student's needs on the campus of Pearl River Community College. Consent form is valid for the duration of enrollment by the student at Pearl River Community College.

Signature _____ Date _____

ADA/504 Coordinator _____ Date _____



Pearl River Community College

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AUTHORIZATION FOR REQUEST AND/OR RELEASE OF INFORMATION

Name _____ Date _____

SS# _____ Date of Birth _____

I, _____, hereby authorize

the release of information to Pearl River Community College from

the release of information from Pearl River Community College to

Name	Capacity (Physicians, Schools, Vocational Rehab, etc.)	Phone #

Address	City	State	Zip

Specific information to be requested:

504/IEP

Records from file (_____)

Assessment and diagnosis for documentation purposes

Other _____

Communication as denoted above may include obtaining and/or releasing student's historical and/or current information regarding assessment, diagnosis, needs, recommendations, treatment, prior services, academic records, performance or information that may relate to accommodating student's needs on the campus of Pearl River Community College. Release is valid for the duration of enrollment by the student at Pearl River Community College.

Signature of Student/Parent/Legal Guardian

Date

ADA/504 Coordinator

Date

Confidentiality and Information Statement Form

Pearl River Community College is committed to ensuring all information regarding a student is maintained as confidential, as required or permitted by law. Any information collected is used for the benefit of the student. This information may include test data, grades, biographical history, disability information, educational services performed, financial aid and case notes. Procedures about the treatment of such information are rigorously followed and shared with students.

1. FERPA: The Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) provides faculty with access to educational information files regarding students with whom they are working. Disability-related records provided by a physician, psychiatrist, psychologist or other recognized professionals are not subject to free access under FERPA. The act exempts such disability-related records that are used for the support of the student and are available only to service providers and other professionals chosen by the student.

2. No one has immediate access to student files except the appropriate, designated ADA/504 Coordinator. Any information regarding disability gained from medical examinations shall be considered confidential and shared with others within the college on a need-to-know basis only. Disability-related information is to be treated as medical information. For example, college, faculty and staff members do not have a right or need to access diagnostic or other information regarding a student's disability (except the ADA/504 Coordinator and disability counselor responsible for documenting that a certain disability exists and that reasonable accommodations are implemented in an effective and timely manner, if accommodations are requested by the student); they need only to know what accommodations (if any, and only if a student has requested accommodations according to current PRCC policy) and/or instructional modifications and adaptations used in tutorial sessions are necessary or appropriate to meet the student's academic needs (only if requested by the student to release such information and the student will be informed as to what information is being provided to the faculty or staff). The appropriate ADA/504 Coordinator verifies eligibility for accommodations and works with eligible students to develop and coordinate plans for the provision of accommodations.

3. Information in files will not be released except in the following circumstances:

- The student states intent to harm himself/herself or others
- A student file may be released pursuant to a court order or subpoena
- A student may give written authorization for the release of information when she/he wishes to share it with others. Before giving such authorization, the student should understand the information being released, the purpose of the release and to whom the information is being released. Information will not be released without consent unless it is required by federal or state law.
- The ADA/504 Coordinator office will retain a copy of all information provided. If a student wishes to have a record expunged, she/he must make a written request to the ADA/504 Coordinator.
- A student has the right to review his or her own file.

Student's Signature _____ **Date** _____

ADA/504 Coordinator _____ **Date** _____