

TODAY'S DATE _____

SEMESTER ENROLLED _____

Disability Support Services

Student Data Form

Student ID # _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Cell: () _____

Email: _____ Date of Birth: _____

Curriculum/Major: _____

High School Attended: _____

Year of Graduation: _____

Type of High School Diploma:

Advanced _____

Standard _____

Modified Standard _____

I.E.P. _____

Certificate _____

GED _____

Please check all that apply:

Veteran- Yes ___ No ___

GI Bill- Yes ___ No ___

Vocational Rehab- Yes ___ No ___

Dept. of Rehab. Services- Yes ___ No ___

Williamsburg Campus- Yes ___ No ___

History of Foster Care- Yes ___ No ___

Attended Other College Before: ___ Yes ___ No

School: _____

Attended TNCC Before: ___ Yes ___ No

Dates: _____

Hobbies: _____

Strengths: _____

Weaknesses: _____



The Peninsula's Community College

**Griffin Hall Room 201
Hampton, VA 23666
FAX: 757-825-2873
PHONE: 757-825-2833
HurstR@tncc.edu**

AUTHORIZATION FOR RELEASE/EXCHANGE OF INFORMATION

I, the undersigned, authorize educational, medical, and other records to Thomas Nelson Community College for use in counseling and providing accommodations with Thomas Nelson Community College. I understand I may revoke this authorization at any time in writing.

Print Name: _____

Signature _____

Date: _____

Parent or Guardian under 18:

Print Name: _____

Signature _____

Date: _____



Commonwealth of Virginia Voter Registration Agency Certification

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?
(Please check only one)**

- I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- Yes, I would like to apply to register to vote. (please fill out the voter registration application form)
- No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided **not to** register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.

If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with:

**Secretary of the Virginia State Board of Elections
Washington Building
1100 Bank Street
Richmond, VA 23219-3497
(804) 864-8901**

Applicant Name

Signature

Date

for agency use only

Voter Registration form completed: Yes No

Voter Registration form given to applicant for later mailing (at applicant's request): Yes No

Agency Staff Signature

Date

SERVICES FOR STUDENTS WITH DISABILITIES OUTLINE AND AGREEMENT OF PROVISION OF SERVICES

An important component of any post-secondary academic experience is the development of individual growth and independence. Gaining knowledge and skills are important, but acquiring motivation and confidence to use them properly is equally as important, self-advocacy is critical. Therefore, in order to appropriately accommodate the student with a disability and foster a sense of involvement and independence for the student, the following guidelines summarize the responsibilities of each party.

Disabled Student Service Office Responsibilities:

- Determine student eligibility for services
- Authorize appropriate academic accommodations
- Assist/consult with faculty, student, and staff (regarding accommodations, questions, or concerns, and general disability information)
- Provide letters of accommodation each semester as requested

Student Responsibilities:

- Register with Disabled Student Services
- Provide current documentation of disability
- Provide schedule to DSS office for accommodation letters each semester
- Review accommodation forms with faculty and have them sign
- Discuss accommodations with faculty
- Inform DSS of any problems or concerns throughout the semester
- Sign release of information as needed to coordinate services

Faculty Responsibilities:

- Respect students' right to privacy and confidentiality
- Review accommodation forms with students. Contact Disabled Student Services if they have any concerns about requested accommodations
- Provide accommodations, as agreed to on forms

I have read and understand, and am in agreement with the services outlined in this document.

Signature of Student

Counselor for Students with Disabilities

Date

Date

Signature of Parent or Guardian (If student is under 18)