



## Student Access Center Application

The purpose of this form is to give **the student** an opportunity to tell SAC how your environment may be impacted by your accessibility needs and what reasonable accommodation you are requesting.

**Information provided on this form is confidential.** The registration process must include the following steps:

1. Completed Student Access Application & Release of Information
2. Current and Comprehensive Documentation (prepared by an appropriate licensed professional, such as a medical doctor, psychologist, psychiatrist or other qualified diagnostician)
3. Student Access Center Verification Form (Completed by referring healthcare specialist)
4. Intake appointment with Access Specialist

### Part I. Student Personal Information

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 900#: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Pronouns:  She/Her/Hers  He/ Him/ His  They/Them/Theirs  Other: \_\_\_\_\_

Preferred Contact #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Spelman Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Local Address or Residence Hall Assignment:

\_\_\_\_\_ Street City State Zip Code

Permanent Address:

\_\_\_\_\_ Street City State Zip Code

Referred by: \_\_\_\_\_ Are you registered with *Vocational Rehabilitation Services*?  Yes  No

### Part II. Student Status (check all that apply):

New Student  Returning Student  Transfer Student  Exchange Student  Study Abroad Student

Classification:  First Year  Sophomore  Junior  Senior  PED Scholar

**Part III. Disability/Accommodation Information**

Do you have a diagnosed Disability?  Yes  No

Diagnosis Categories (check all that apply):  PHYSICAL  MENTAL  LD/ADHD  OTHER: \_\_\_\_\_

Diagnosis Subcategories (check all that apply):

- Visual  Psychological/Psychiatric  Hearing
- Specific Learning Disability  Speech  Traumatic Brain Injury (TBI)
- Chronic medical/Health  Temporary Disability\*  Mobility
- ADD/ADHD  Other: \_\_\_\_\_

\*Note: If your medical condition is not permanent in nature, the College is not required by law to provide any accommodation, but after review, SAC may be able to assist you on a temporary basis.

Year of initial diagnosis: \_\_\_\_\_ Year of most recent evaluation: \_\_\_\_\_

Indicate the reasonable accommodation(s) you are requesting in the academic setting and/or residential setting supported by current and comprehensive documentation prepared by a qualified diagnostician (See Verification Form in determining the appropriate licensed professional to provide current and comprehensive documentation).

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**Part IV. Accommodation History**

List accommodations and/or services provided in high school and previous higher education community.

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**Part V.** I certify that the information provided on this form is accurate. I understand that to be eligible for disability services at Spelman College I must (1) submit this completed form, (2) meet with Student Access Center for an intake interview, (3) review recommended accommodation(s) (4) review documentation guidelines, and (5) submit current and comprehensive disability documentation. Documentation of your disability is required in order to determine your eligibility for accommodations. Please have your medical professional send the Student Access Center documentation of your diagnosis clearly outlining the functional limitation that would keep you from having an equal opportunity while pursuing your educational program. The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that protects the privacy of student education records. In accordance with FERPA, Spelman College may not disclose certain education records or information contained there without written permission from the student. My signature authorizes SAC to discuss my documentation with the clinician who authored the documentation or a similarly qualified Spelman staff person or consultant if additional information or clarification is required.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date