

**SOUTH PUGET SOUND COMMUNITY COLLEGE
ACCESS SERVICES**

INTAKE FORM

Name: _____ Date: _____

Student ID #: _____ Phone #: _____ E-mail address: _____

Address: _____ City: _____ State: _____ ZIP: _____

Program of Study: AA AAS AGS Other _____

Other agencies you are working with:

- | | | |
|--|---|---|
| <input type="checkbox"/> Department of Vocational Rehabilitation | <input type="checkbox"/> Services for the Blind | <input type="checkbox"/> Labor and Industries |
| <input type="checkbox"/> Veterans Affairs | <input type="checkbox"/> Social Security Industry | <input type="checkbox"/> Other |

If other please specify:

Describe Disability: _____ (Code _____) Entered into HP: _____

Accommodation(s) requested. Please be specific:

****Please note that only those accommodations supported by documentation will be granted.****

STUDENT RIGHTS & RESPONSIBILITIES

As a student eligible for accommodations through Access Services (AS), per the Rehabilitation Act of 1973, Section 504 and the Americans with Disabilities Act of 1990, I understand that I also have certain responsibilities. I will do my part in meeting these responsibilities so that appropriate accommodations may be arranged.

I WILL:

1. Provide appropriate documentation to support the accommodations requested.
2. Be aware that most accommodations are dependent upon the availability and reliability of the people hired to provide them. My request does not guarantee the provision of the specified accommodation, but I understand that all efforts will be made by SPSCC to obtain the most appropriate alternative accommodation available.
3. Accommodations must be requested in a timely fashion: 3-6 weeks in advance depending on the accommodation.
4. Fill out an Accommodation Request Form each quarter that I desire accommodations.
5. Notify AS of changes in my schedule as soon as I know about them. Failure to do so may result in a delay or loss of accommodations.
6. Schedule an appointment with AS staff if I have any concerns or questions related to my accommodation(s).
7. Arrive on time and attend classes regularly. If I am consistently absent (3 or more times) I understand that AS will be notified and I might lose my services. I must talk with AS about the reason(s) I have missed class(es).

I, the undersigned, understand the above responsibilities.

Student Signature: _____

Date: _____