PASCO-HERNANDO STATE COLLEGE
SELF IDENTIFICATION AND AUTHORIZATION FORM
FOR STUDENTS WITH DISABILITIES

NAME: ____________________  Student ID# ____________________
(Last)  (First)  (Middle Initial)

PROGRAM OF STUDY (check one):  _ AA  _ AS  in ___________________________  Other ___________________________
  _ BAS  _ BSN

FULL ADDRESS: _________________________________________________________________
(Street)  (City)  (State)  (Zip)

TELEPHONE: (___________) __________________________

EMAIL ADDRESS: _______________________________________________________________

NATURE OF PRIMARY DISABILITY: _______________________________________________

If you have a disability, you may be eligible for Auxiliary Learning Aid(s) (ALA) assistance/services. To receive ALA services/assistance, however, appropriate verification of the current disability must be on file with the PHSC Office of Disabilities Services. In addition, you are asked to provide more specific information by completing the remainder of this form. Letters of verification can be from individuals such as attending physicians, learning disabilities specialists, counselors from the Division of Blind Services, the Office of Vocational Rehabilitation, and the Veterans Administration. (Attach verification to this completed form.)

AUXILIARY LEARNING AID(S) REQUESTED:
As a student with a disability, are you in need of specific equipment or specialized staff assistance while continuing your education?
   _____ YES   _____ NO  If YES, please specify:
   _________________________________________________________________

Have you received academic accommodations in the past?
   _____ YES   _____ NO  If YES, briefly explain the type and extent:
   _________________________________________________________________

CERTIFICATION AND AUTHORIZATION:
The Auxiliary learning aid assistance I requested is not available to me from any state or federal program responsible for such assistance, and if currently a client of another agency, I will inform the Director or Assistant Coordinator of Disabilities Services at my campus if my financial benefits for auxiliary aids are changed. I will contact other appropriate agency/agencies for possible sponsorship, and I will inform the Director or Assistant Coordinator of Disabilities Services of the results of the contacts. I authorize PHSC to refer me to other agencies.

I give permission for the Director or Assistant Coordinator of Disabilities Services, the Vice President, an Advisor, and/or Assistant Dean of Student Services to share with members of the administration, faculty, and/or advising staff any diagnostic and/or instructional information about me for the purpose of assisting me in my studies and coursework. I also give permission for the staff to release information to outside agencies upon my request.

Student’s Signature ____________________  Date ____________________

Director of Disabilities Services’ Signature ____________________  Date ____________________

ORIGINAL:  Student Record  COPIES:  Student
                      Director, Disabilities Services
                      Assistant Coordinators, Disabilities Services (East, North, Porter and Spring Hill Campuses)

ODS-1 (Rev. 06/14)
Student Checklist

1. Complete Self-identification form

2. Student provided supporting documentation
   Or
   Advised of doctors list and/or Vocational Rehabilitation/or IEP or 504 plan records from HS.

3. Student informed of confidentiality with exceptions pertaining to academic intervention needs.

4. If approved, student will receive Confidential Accommodations Request Form in mail, can duplication (student, Student Development Office, or ODS). Student is to provide all instructors with accommodation forms (once approved) at the beginning of the semester or at student’s discretion, once they have been prepared by the Office of Disabilities Services.

5. Student informed of TLC (Teaching-Learning Center) as the primary testing area and resource (provides free tutoring and alternate testing location.) Visit: https://booknow.appointment-plus.com/3sy7j5v2/10 to schedule testing.

6. Course Substitution procedures (IMM #3-26) ______ or N/A

7. Student informed of different policies at other colleges (advocate for your needs, accommodations and conduct needed research.)

8. If I am taking online classes, upon my email request, I give permission for ODS staff to electronically deliver my accommodation form to those online instructors and am aware that a third party could potentially view this information.

Signature: __________________________________________________________

Additional Notes: ____________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________