

Vernon College Office for Students with Disabilities Application for Accommodations

Semester Information

Today's Date	Semester and Year
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Personal Information

Last Name	First Name	Middle Name
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Vernon College Student I.D.	Date of Birth
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Street Address

City	State	ZIP Code
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Home Phone Number	Cell Phone Number	Email Address
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TWS Counselor	TWS Counselor Phone #	TWS Counselor Email Address
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Declared Disability	Preferred Communication Style (email or phone?)
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Optional

Gender	Race/Ethnicity
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Background Information List all Colleges and/or Universities you have attended. Be sure to include dates you attended the institutions.

Colleges and/or Universities

Dates Attended

High School Attended

Date Graduated

Approved Accommodations List all the approved accommodations you received from your previous Colleges and/or Universities.

Name of Applicant

Required Paperwork Each student will be responsible for submitting appropriate, current documentation of a disability prior to receiving accommodations.

Submitting Information All applications may be faxed, mailed, emailed, or brought in person to:

Vernon College
Attn: Deana Lehman
4400 College Drive
Vernon, TX 76384

Email Address: dlehman@vernoncollege.edu
Office Number: 940-552-6291 Ext. 2308 or 2307
Fax # (940) 552-6387

Signature My signature indicates that all information is true to the best of my knowledge.

I also understand that The Family Education Privacy Act (FERPA) allows the college to release Directory information to the public without the consent of the student. The student may request that all or any part of this information be withheld from the public. Directory information is defined as anyone's Name, Current Address, Telephone Listing, Major, Dates of Attendance, Enrollment Status, Degrees and Rewards Received, Previous Education Agencies/Institutions Attended, Student Parking Information. Information that may not be released include: Grades, Test Scores, Social Security Number, and Location of Student's Classes. Institutions may disclose Education records without written consent of students to the following: Personnel with the Institution determined by the institution to have legitimate educational/record keeping reasons. Officials of other institutions in which the student seeks to enroll, Person or Organization providing financial aid, Parents of dependent students, Judicial Order or subpoena. I understand that most employees have access to student information.

Applicant's Signature

Date

Permission for OSD Staff to Speak to Health Care Professionals

I give my permission for the Vernon College OSD Coordinator and her assistant to speak to any professionals (doctors and their staff, psychologists and their staff, etc.) who have provided documentation of my disability/disabilities concerning my diagnosis and recommendations for accommodating me in the college classroom setting.

Student Signature

Date

Printed Name