Vernon College Office for Students with Disabilities Application for Accommodations

Semester Information	Today's Date Sem			Semester	nester and Year		
Personal Information	Last Name		First Name	First Name		Middle Name	
	Vernon College Student I.D.			Date of Birth			
	Street Address						
	City	City State		ZIP	ZIP Code		
	Home Phone Number	Cell	Phone Number	Ema	Email Address		
	TWS Counselor	7	TWS Counselor Phone	# TWS C	Counselor Email Add	lress	
	Declared Disability		Preferred Communication Style (ema		ail or phone?)		
Optional	Gender	F	Race/Ethnicity				
	List all Colleges and/or Universities you have attentyou attended the institutions. Colleges and/or Universities				Dates Attend		
	High School Attended				Date Graduated		
Approved Ac	ecommodations List all the Colleges	ne approve and/or Ur	ed accommodations niversities.	you receive	d from your previo	ous	
Name of Applica	out.						

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: Rachel White 4400 College Drive Vernon, TX 76384 Email Address: rwhite@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.			
Dow	Applicant's Signature	Date O Smook to Health Core Professionals		
I give my peri professionals documentation	mission for the Vernon Colle (doctors and their staff, psyc	o Speak to Health Care Professionals ge OSD Coordinator and her assistant to speak to any hologists and their staff, etc.) who have provided s concerning my diagnosis and recommendations for m setting.		
Student Signa	ture	Date		
Printed Name				