

Disability Services Office
 1401 College Ave, Box 176
 Levelland, Texas 79336
 (806) 716-2577
 Fax (806) 894-7961



Disability Services Office
 819 Gilbert Dr., Room 805
 Lubbock, Texas 79416
 (806) 716-4675
 Fax (806) 716-4731

DATE: _____

**APPLICATION FOR ACCOMMODATIONS
 THROUGH DISABILITY SERVICES**

Applications and documentation should be submitted as early as possible prior to the beginning of the semester. The review process may take as long as 30 days. PLAN AHEAD

FALL _____ SPRING _____ SUMMER _____ YEAR _____
 (check one)

STUDENT INFORMATION

SPC Student ID _____ (required)
 Found on your Campus Connect Account after you have been accepted to SPC

Local Mailing Address

Name: _____

Address: _____

City/State/Zip: _____

Permanent Mailing Address (if different from above)

Address: _____

City/State/Zip: _____

Telephone Numbers:

Home () _____	Work () _____	Cell () _____
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Email Address: _____

SPC Entry Date: _____	Major/Program: _____
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Are you a Department of Assistive and Rehabilitative Services Client? Yes/No

DARS Caseworker: _____ Phone: _____

Will you be enrolling in: (Please Check) _____ Traditional College Classes _____ Continuing Education
 _____ Dual Credit Only _____ Workforce Development _____ Upward Bound

Campus You Plan to Attend

Levelland _____ Reese Center _____ ATC _____ Plainview _____

DISABILITY INFORMATION

Please note that adequate documentation to support the requested accommodations must be submitted to the Disability Services Office. Specific information regarding SPC guidelines for acceptable medical/diagnostic reports and qualified sources can be obtained from the Disability Services Office or in the Application folder.

Please Select Your Disability:

- | | |
|--------------------------------|--------------------------------------|
| ADD/ADHD _____ | Mobility/Orthopedic Impairment _____ |
| Autism Spectrum Disorder _____ | Chronic/Medical Illness _____ |
| Learning Disability _____ | Traumatic Brain Injury _____ |
| Hearing Impairment _____ | Visual Impairment _____ |
| | Psychological Impairment _____ |

Other: (Please Explain) _____

Date(s) of onset:

Please describe your disability and how it has helped or hindered your academic progress and your daily living activities to date:



EMERGENCY INFORMATION

Name:	Relationship:
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Address:

City/State/Zip:

TELEPHONE NUMBERS

Home ()	Work ()	Cell ()
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X _____
Student's Signature

Date: _____

RELEASE OF INFORMATION

I, _____, hereby give the Disability Services Department of South Plains College permission to release the following information to South Plains College instructors, faculty, and staff providing services to me: Diagnostic evaluations, requested accommodations, and give permission for my instructors to share information related to my academic accommodations with the Disability Services staff as needed and deemed appropriate as well as other information pertinent to participation at South Plains College. One exception is disclosure to other college officials who have been determined to have a compelling and legitimate educational reason(s) for the information disclosure.

X _____
SIGNATURE (required)

DATE

I, _____, understand that ethical use of special accommodations and/or support services is expected and that improper use of the services could result in the loss of such services. I understand that application for special accommodations must be made each semester.

X _____
SIGNATURE (required)

DATE

I, _____, am a client of the Department of Assistive and Rehabilitative Services. I give permission to South Plains College to share information with DARS as needed and deemed appropriate.

X _____
SIGNATURE

DATE

I authorize the release of my academic accommodation information to be shared with the following (parent, spouse, grandparent, etc...):

X _____
SIGNATURE (required)

DATE

Please note that after 7 years of inactivity, your Student Disability Records will be destroyed.

Disability Services Office POLICIES

CONFIDENTIALITY AND RELEASE OF INFORMATION South Plains College's Disability Office recognizes the highly sensitive and confidential nature of disability-related documentation and is committed to ensuring that all information and communication pertaining to a student's disability is maintained as confidential as required or permitted by law. The following guidelines about the treatment of such information have been adopted by the Office of Student Disability Services (SDS) and will be shared with students. These guidelines incorporate relevant state and federal regulations. The Office of Student Disability Services will collect and maintain disability-related material provided directly by a student, or forwarded from any other party. Any information regarding a disability is considered confidential and will be shared with others within the college only when they have a legitimate educational interest.

1. The information provided through the documentation is protected by the Family Educational Rights and Privacy Act (FERPA). The Health Insurance Portability and Accountability Act of 1996 (HIPAA). Sensitive information in SDS student files will not be released except in accordance with federal and state laws.
2. If a student wishes to have information about his/her disability shared with others outside the institution, the student must provide written authorization to the Student Disability Services Office to release the information. Before giving such authorization, the student should understand the purpose of the release and to whom the information is being released. There may also be occasions when, within the College, the Student Disability Services Office will share information regarding a student's disability at his/her discretion if circumstances necessitate such sharing and the Coordinator has determined that there is an appropriate and legitimate educational interest involved.

NON-DISCRIMINATION POLICY STATEMENT

South Plains College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Vice President for Student Affairs
South Plains College
1410 College Ave, Box 5
Levelland, Texas 79336
806-716-2360

For further information on notice of non-discrimination, visit <https://wdcrobcop01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481

Student's Signature

Date

REQUEST FOR TESTING ACCOMMODATIONS FOR THE FOLLOWING EXAMS:

Please Check the Exam you are needing Accommodations for: (Leave Blank if testing is not needed)

- Capstone _____
- CLEP _____
- Cosmetology Exam _____
- HOAE _____
- TEAS - PTA _____
- TEAS - LVN _____
- TEAS - RN _____
- TSI Assessment _____

The Testing Center will required an additional 2-week notice after you have been approved through the Disability Office to arrange testing accommodations.

PLAN AHEAD

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Home ()

Work ()

Cell ()

Email Address:

OFFICE USE ONLY

Approved Testing Accommodations listed below:

_____ Extended Testing Time 50% 100%

_____ Separate Location/Distracted Reduced Testing Location

_____ READER /C.D. FORMAT - **READER not applicable where Reading is an essential element of this exam**

_____ SCRIBE /Paper/Pencil FORMAT - **SCRIBE Not applicable where Writing is an essential element of this exam**

_____ JAWS / Other FORMAT _____

Approved by: _____ Date: _____