



## DISABILITY SERVICE APPLICATION

### Student Information

Student Name: \_\_\_\_\_ Gender: M F  
(Last) (First) (MI)

Student ID Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your primary disability? \_\_\_\_\_

When was your disability first diagnosed? \_\_\_\_\_

How does your disability substantially limit your academic or daily activities? \_\_\_\_\_

Have you ever received disability accommodations in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" please describe the accommodations, you received: \_\_\_\_\_

What accommodations do you believe would be helpful to you in your studies at DTC? \_\_\_\_\_

### Documentation Guidelines

You will need to submit medical documentation along with the completed intake form for a committee review.

### Understanding Disability Services in College

Denmark Technical College is committed to providing reasonable classroom accommodations so that students with documented disabilities who meet the admission requirements to the college can have ACCESS to a quality education. While the individuals with Disabilities Act (IDEA) apply to K-12 schools, the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 govern colleges and universities. Students having IEP or "504 Plan" in High School does not guarantee that a student will be eligible for disability services in college.

While we are committed to providing reasonable and appropriate classroom accommodations for documented disabilities so that students will have an equal opportunity to work toward success, students in curriculum level classes in college will be expected to perform at the college level. Program modifications are not made, and standards are not lowered.

**Release of Information:**

I authorize the Denmark Technical College, Disability Service Office to receive information from the provider (whomever completed your medical / non-medical documentation). I also authorize my provider to discuss my disability with the coordinator of Students with Disability to clarify any unclear items.

Name of Provider: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I authorize the Denmark Technical College, Disability Service Office to release regarding my disability and accommodations to the following:

\_\_\_\_ Faculty / Staff \_\_\_\_\_ Parent / Guardian (name: \_\_\_\_\_)

\_\_\_\_ Other (name: \_\_\_\_\_)

For Vocational Rehabilitation Clients only:

I request and authorize the South Carolina Vocational Rehabilitation Department and Denmark Technical College, Disability Service Office to release and exchange between them any information regarding me that these two parties determine to be necessary in my rehabilitative process.

VR Counselor \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**If Accommodations Are Approved:**

I am to request services each semester at least 30 working days before the semester begins by completing the Accommodation Agreement Form Committee Review of Documentation.

I am to be my own advocate. All requests for services are to be made by me personally and it is my responsibility to report any problems or concerns with my accommodations to the Coordinator of Students with Disability Services.

**Additional Information:**

I understand that my completing this form is only the initial step in the disability accommodation process. My request for disability accommodations will be reviewed and approved based upon needs evident in the documentation I have provided.

I understand that I can discuss with the Denmark Technical College, Disability Service Office any appeals process if I disagree with a decision.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator of Students with Disability Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Coordinator of Students with Disability Services adheres to strict standards of confidentiality and is compliant with the Health Insurance Accountability Act (HIPAA) of 1996 and the Family Educational Right and Privacy Act (FERPA); facsimile transmittals and record are stored in a secure location and reviewed only by authorized personnel.*

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