



Date ____/____/____

Name: _____ ID# _____

Semester _____ Phone #: _____

☐ New Student

☐ Returning Student

***Please provide a schedule with this form**

___ Sign Language Interpreter

___ Short 5 Minute Breaks

___ Closed Caption Videos

___ Copies of Lectures & power Points

___ Note Taker

___ Audio Record lectures

___ Reader/Scribe

___ Braille Materials

___ Other (please specify)

___ Extended Time: (student is allowed time and a half. For example, if the class is allowed 1 hour, this student will be allowed 1 ½ hours.)

___ Oral testing/quizzes (reader, narrator or other programs)

___ Ability to use formula chart

___ 4 Function Calculator

___ Paper Tests (Request must be submitted at least 3 days in advance)

___ Distraction Reduced Testing Environment



Texas Southmost College

TRADITION • INNOVATION • OPPORTUNITY

Counseling and Student Accessibility Resources

80 Fort Brown • Brownsville, Texas 78520 • (956) 295-3587 • www.tsc.edu

Please complete and return to the Disability Services Office.

Name: _____
Last First M.I.

Student ID #: _____

Address: _____

Date of Birth: _____

City State Zip

Home Phone: _____

TSC E-mail Address: _____

Work Phone: _____

All faculty, staff and students are expected to check their TSC email on a frequent and consistent basis in order to ensure that they are staying current with all official communications.

Cell Phone: _____

Program of Study: _____

☐ High School: _____ ☐ GED Year of Graduation/GED: _____

When will you start classes? ☐ Fall ☐ Spring ☐ Summer Year: 20 _____

Financial Assistance/Program Assistance:

☐ Financial Aid ☐ Department for the Blind and Visually Impaired
☐ Scholarship _____ ☐ Other _____
☐ Texas Workforce Commission (formerly
Department of Rehabilitative Services)

DISABILITY: (Check all that apply)

<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Psychological/Psychiatric	<input type="checkbox"/> _____
<input type="checkbox"/> ADD/ADHD	Disability	
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Speech Impairment	
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Mobility	(Blind/Partial Sight)	
<input type="checkbox"/> Autism		



1. When was the disability first identified or diagnosed?

2. Are you taking any medications that might affect your attendance or performance at college?

3. Please describe how your disability affects you in an academic setting.

4. How does your condition impact you in classes regarding the following: Listening, note taking, speaking, writing, keyboarding, sitting, attendance? *

5. How does your condition impact you in evaluations regarding the following: tests, papers, oral reports, group projects? *How does your condition impact you regarding timed tests?

6. How does your condition impact you when doing out of class assignments in the following areas: reading, writing, calculating, keyboarding, library work? *

7. How does your condition impact your mobility in the following areas: manipulating objects, transportation, getting around?

8. Have you received accommodations for this disability in the past? (Please describe any support services or devices you have used in previous academic settings)



Have you experienced difficulty in any of the following academic areas? (Check all that apply.)

☐ Reading

☐ Study skills

☐ Organization

☐ Spelling

☐ Reading rate

☐ Math

☐ Comprehending concepts

☐ Motivation

☐ Taking tests

☐ Retaining information

☐ Other (specify) _____

How did you learn about our services?

Rehabilitation Agency

High School

Self

Another Student

Literature

Website

College Instructor

Parent

Other _____

Information contained within the file will be kept confidential and will not be shared with anyone outside TSC without your expressed authorization. The college requires that this form and appropriate documentation of disability be submitted four weeks prior to receiving approved accommodations. Once documentation is received and approved, student is to schedule an appointment with a Disability Services Counselor on campus to discuss accommodations, procedures, and policies. I acknowledge that I have received all information in the intake packet which was provided to me by Disability Service Staff.

Important: TSC does not provide or arrange for personal attendant care. Note: All services are elective and must be requested by the student each semester as needed.

STUDENT SIGNATURE: _____

DATE: _____

PARENT'S SIGNATURE: _____

DATE: _____

"The Office of Disability Services is committed to providing assistance and equal access to every student with the opportunity to achieve a higher education; while promoting optimal development and achievement in all students while fostering independence and self-advocacy".

Notice of Destruction of Outdated Disability-Related Records Policy

Texas Southmost College (TSC) has adopted a policy that permits destruction of outdated disability-related records, including medical documentation provided by students to the college pursuant to a student's request for accommodation of a disability. When TSC determines that it has been **5 years from last enrolled**, The college may destroy any disability-related documentation that it has in its possession without providing further notice to students whose records are subject to destruction. TSC will not be responsible for the replacement cost of any medical or disability-related documentation destroyed pursuant to this policy, or for any new documentation that may be required in order for a student to re-apply for accommodations. For this reason, students are encouraged to retain copies of their own medical records and disability-related records, and not to depend on the college maintaining such records.

Students who would copies of their disability-related records and medical documentation must go through the open records process prior to destruction of such records.

Due to the expense involved, TSC is unable to mail records. If a student designates a third-party to pick up records, a letter signed by the student of record giving TSC permission to release the records must be received by the custodian of the records before records will be released to a third-party.

TSC emphasizes that the only documents that are subject to destruction under this policy are disability-related records maintained by the disability services counselors. Other records associated with a student's academic, student discipline, and financial history at Texas Southmost College are not affected by this policy. Notice of this policy will be provided to students via electronic mail and by posting in TSC publications. Students who have any questions about this policy or their disability-related records should contact a disability services office.

Student's Printed Name

Student ID Number

Student's Signature

Date

Parent's Signature

Date

Information Release Form

Name: _____ Date of Birth: _____

Address: _____ Social Security Number: _____

_____ Phone Number: _____

I authorize the release of information about myself to Texas Southmost College Counseling and Student Accessibility Resources, to aid in educational planning / treatment planning. I further understand that I may cancel this release at any time by informing Texas Southmost College in writing. Otherwise, it will expire one year from the date on the form.

The information to be released:

- ☐ Discharge date
- ☐ Duration of stay
- ☐ Psychiatric condition
- ☐ Diagnosis
- ☐ Complete Psychiatric / Psychological Evaluation / Vocational Evaluation
- ☐ Psych-Educational / Neuropsychological Evaluations (ADHD and learning disabilities)
- ☐ Prescription Records
- ☐ Progress Notes
- ☐ Other: _____

The agency(ies) or person(s) to release the information is (are): Provide address if applicable:

The purpose of this release is to

- ☐ Provide information that will assist in follow-up treatment planning
- ☐ For educational planning purposes / educational accommodations

I also give my consent to the Counseling and Student Accessibility Resources Department to release pertinent information to other appropriate professional agencies or sources.

I absolve Texas Southmost College, its employees, and Board of Trustees from any legal liability which may arise for the release of this information.

Student's Signature: _____ Date: _____

Please forward documentation

Attention: Counseling and Student Accessibility Resources
Texas Southmost College
80 Fort Brown
Brownsville, Texas 78520



Third Party Authorization

NAME: _____ **ID:** _____
(Please print)

ADDRESS: _____ **PHONE Home:** () - _____

Work: () - _____

Cell: () - _____

E-MAIL: _____

OTHER NAMES, WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

DOB: - -

I authorize _____ **to** (check all that apply):

OFFICIAL TRANSCRIPT

- ☐ Request my official transcript
☐ Pick up my official transcript
Please specify degree: _____

OTHER DOCUMENTS

- ☐ Request and pick up my unofficial transcript
☐ Pick up my certificate/diploma:

REGISTRATION

- ☐ Make any changes to my registration as he/she sees fit. I understand that I am still fully responsible for any charges and maintaining compliance with any policies and deadlines that may apply.

OTHER

- ☐ Please be *very* specific: _____

I have notified the party listed above that this request is not valid without this form and his/her photo identification.

STUDENT SIGNATURE: _____ **DATE:** _____

OFFICE OF THE REGISTRAR USE ONLY (place in student's file when completed):

Signature Matched: ☐ Yes ☐ No Comments: _____

(Explain Any Exceptions)

ID Verified: ☐ Yes ☐ No

Released By: _____
(Staff Signature)

ID Photocopied: ☐ Yes ☐ No Date: _____



Family Educational Rights and Privacy Act Waiver of Privacy

The Family Educational Rights and Privacy Act of 1974 (PL93-380), commonly referred to as FERPA, provides that all records pertaining to a student that are maintained by the College must be available for inspection, review, and amendment by the student and requires, in most instances, prior consent from the student for disclosure of such records to third parties. The consent to waive privacy at Texas Southmost College must be made in writing, signed and dated by the student, and must specify the names of the parties to whom records will be released. The act applies to all persons formerly and currently enrolled at an educational institution. No exclusion is made for non-U.S. citizen students. However, the act does not apply to a person who has applied for admission, but who never actually enrolled in or attended the institution or deceased persons. Meningitis vaccination records are protected by FERPA, and are not subject to Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules.

I hereby give permission for Texas Southmost College personnel to provide information concerning all my education records to the person(s) identified below. This form must be completed in order for Texas Southmost College to comply with the request. Faxed requests cannot be accepted.

Student Information

Student's Name

Student's TSC ID Number

Street Address

Home Telephone Number

Mobile Number

Email Address

Student's Signature

4 Digit Pin Number

Person(s) to Whom Information May Be Released

Name

Relationship to Student

Street Address

Home Telephone Number

Mobile Number

Email Address

Date

Save a trip to the Admissions & Records Office by submitting the complete form from
your TSC e-mail account to admissions@tsc.edu

Waiver will be in effect for one calendar year from date of signature.