



# DISABILITY SUPPORT SERVICES

(REQUEST FOR ACCOMMODATIONS TO BE COMPLETED EVERY SEMESTER)

CAMPUS \_\_\_\_\_

YEAR \_\_\_\_\_

SEMESTER: (check one)

- \_\_\_\_\_ WINTER
- \_\_\_\_\_ SUMMER
- \_\_\_\_\_ SPRING
- \_\_\_\_\_ FALL

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ CCBC E-mail \_\_\_\_\_ CCBC I.D. # \_\_\_\_\_

Name of DSS Counselor \_\_\_\_\_

**Please indicate the accommodations that have been approved by your DSS counselor (to be verified):** \_\_\_\_\_  
 \_\_\_\_\_

Instructors must be notified by accommodation letter if you plan to use accommodations. **Students are responsible for picking up accommodation letters and delivering them to instructors. Please read Confidentiality Notice on other side.**

\_\_\_ **YES** please prepare letters for me to deliver to my instructors. Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ **NO** I will not need accommodation letters at this time. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Comments:** \_\_\_\_\_

COURSE REGISTRATION (OR ATTACH COPY OF SCHEDULE)									OFFICE USE ONLY
CRN #	Subject	Course #	Section	Days	Time From To	Room	Campus	Instructor	PICKED UP: Date: _____  Initials: _____

If you change your schedule, you **MUST** complete a new form or contact your counselor - - READ OTHER SIDE - -

Attachments: Requesting accommodated testing \_\_\_\_\_ Requesting a notetaker \_\_\_\_\_ Requesting an interpreter \_\_\_\_\_

Obtaining recorded texts \_\_\_\_\_ Instructor notification \_\_\_\_\_

Date Logged in Dbase \_\_\_\_\_ By \_\_\_\_\_ Counselor \_\_\_\_\_

# ATTENTION:

## Students with Disabilities

According to the American with Disabilities Act of 2008, an individual with a disability is a person who

- a) has a physical or mental impairment that substantially limits one or more major life activities
- b) has a record of such an impairment; or
- c) is regarded as having such impairment.

The disability support services office on each campus provides academic accommodation, counseling and advocacy for students with disabilities. If you have any special needs related to your disability, we urge you to contact the office on the campus where you will be attending classes this semester. Documentation of disability will be required for accommodations.

In order to most effectively meet the needs of its students with disabilities the CCBC disability support services offices listed below request that students with disabilities complete this form.

### NOTICE OF CONFIDENTIALITY

**The Community College of Baltimore County (CCBC) shall maintain the confidentiality of information related to any mental or physical impairment that may affect learning, access to CCBC programs and/or reasonable accommodations. This information may be shared as necessary among CCBC employees who have a legitimate interest.**

**CCBC will maintain the confidentiality of disability related information in accordance with the federal Family Educational Rights and Privacy Act ("FERPA") and applicable State law. Additional information regarding FERPA is available on the CCBC website.**

**CCBC Catonsville** (800 South Rolling Road, Baltimore, MD 21228)

**Disability Support Services**, Student Services Center, Rooms 121-123; Telephone: (443) 840-5617 or (443) 840-5617 (TTY)

**CCBC Dundalk** (7200 Sollers Point Rd, Baltimore, MD 21222)

**Disability Support Services**, Student Services Center, Room 102; Telephone: (443) 840-3774 or (443) 840-3529 (TTY)

**CCBC Essex** (7201 Rossville Boulevard, Baltimore, MD 21237)

**Disability Support Services**, Student Services Center, Rooms 133-135; Telephone: (443) 840-1741 or (443) 840-1601 (TTY)

Visit <http://www.ccbcmd.edu/specialservices/essex/Blueform.html> to access the Blue Form online

- PLEASE COMPLETE OTHER SIDE EACH SEMESTER AND RETURN TO ONE OF THE OFFICES LISTED ABOVE -  
- OVER -