



Disability Services
Request for Accommodation(s) Form
GENERAL INFORMATION APPLICATION

NAME (First, Middle, Last): _____ Date: _____

Date of Birth: _____ PJC ID#: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you previously attended PJC? _____ Yes _____ No

Have you received assistance from any outside agency such as Texas Workforce Solutions-Vocational Rehabilitation Solutions TWS-VRS (formally DARS) or any other agency? _____ Yes _____ No

If so, please list the following information: Agency Name: _____

Contact Person: _____ Phone: _____

What types of accommodation(s) are you requesting at Paris Junior College (PJC)? Please note requests will be considered but are not guaranteed.

_____ I understand that I **must** meet with a counselor/advisor from the Counseling/Advising Office at or before the beginning of **each semester** of my enrollment at PJC to request accommodation(s) for the semester.

_____ I **will/have** provide appropriate documentation of my disability in order to receive an accommodation.

_____ I certify the above information is accurate and true to the best of my knowledge.

_____ I agree to abide by the college policies and procedures as defined by the Paris Junior College Catalog and the Student Handbook.

The following policies regarding confidential information have been adopted by the Counseling/Advising Office (CAO). These policies include relevant state and federal regulations.

- Only the Counseling/Advising Office staff will have immediate access to a student's disability information. Information regarding a student's disability is confidential and will be shared only with others within the college who have a legitimate educational interest.
- The Family Educational Rights and Privacy Act (FERPA) considers a student's disability confidential.
- A student's disability information will not be released except in accordance with state and federal regulations.
- A student's file may be released pursuant to a court order or subpoena.



- Students, who wish to share information with others, must provide the Counseling/Advising Office with written authorization to release the information. Students should understand the purpose for the release of information before giving COA authorization to release the information.
- COA staff, at their discretion, may share information regarding a student's disability with faculty if the circumstances necessitate sharing the information to benefit a student's educational interest.
- Students have a right to review his/her own COA file with appropriate notification.
- Accommodation(s) **do not** begin until the student has completed the following:
 - Request for Accommodation(s) Form: GENERAL INFORMATION APPLICATION
 - Received an Accommodation Letter from a Counselor/Advisor from the Counseling/Advising Office and has signed the form authorizing the request to be forwarded to the appropriate faculty member
 - Signed Accommodation Letter from the appropriate faculty member

**A copy of each testing accommodation request will be placed on file in the appropriate Testing Center.

I have read and understand the information on the accommodation request form.

Signature

Date