

# DISABILITY SERVICES APPLICATION

## Office of Disability Services MacMurray College

MacMurray College provides access and accommodations for eligible students with documented disabilities or functional limitations, who intend to pursue coursework at MacMurray College. A variety of programs and services are available which afford eligible students with disabilities the opportunity to participate fully in core academic experiences through appropriate and reasonable accommodations. Completion of this form constitutes an agreement to apply for services with Office of Disability Services.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Division of Rehabilitation Services client? \_\_\_\_\_ Yes \_\_\_\_\_ No

More information? \_\_\_\_\_

Counselor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your documented disability?

- |                                       |                            |
|---------------------------------------|----------------------------|
| _____ Chronic Health/Medical          | _____ Speech               |
| _____ Brain Injury                    | _____ Deaf/Hard of Hearing |
| _____ Psychological/Emotional         | _____ Blind/Visual         |
| _____ Learning Disability             | _____ Physical/Mobility    |
| _____ Developmentally Delayed Learner |                            |
| _____ ADHD/ADHD-PI                    |                            |
| _____ Other Disability: _____         |                            |

Do you take any medications that would affect your education? If yes, please explain:

\_\_\_\_\_ Yes: \_\_\_\_\_ \_\_\_\_\_ No

Please list the accommodations you are requesting: \_\_\_\_\_

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## **STUDENT RIGHTS AND RESPONSIBILITIES**

### **RIGHTS**

- My participation in Disability Services shall be entirely voluntary.
- Receiving services through the Office of Disability Services shall not preclude me from also participating in any other course, program or activity offered by the college or from receiving basic accommodations required by state and federal law.
- All records maintained by the Office of Disability Services personnel pertaining to my disability(ies) shall be protected from disclosure and shall be subject to all other requirements for handling of student records.

### **RESPONSIBILITIES**

- I will provide the Office of Disability Services with the necessary information, documentation and/or forms (disability verification, medical verification, educational, release of information and so forth) to verify my disability.
- I will meet with Disability Services personnel to complete an Accommodations Service Contract.
- I will meet with the Disability Services personnel at least once per semester to update my Accommodations Service Contract and to pick up Accommodations Notification.
- I will utilize disability services in a responsible manner. I understand that the Office of Disability Services uses written service provision policies and procedures, which must be adhered to, for continuation of services.
- I will comply with the rules, standards, policies and procedures set forth in *The Maggie: a Student's Guide to MacMurray College* adopted and published by MacMurray College.

I acknowledge that the submission of this form does not imply I will receive services. To be eligible for disability related services, I must have a documented disabling condition as defined by the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amended Act of 1998. I understand and agree to the above Student Rights and Responsibilities and I will abide by them. If I do not comply with these rights and responsibilities, I will be notified in writing of my impending suspension of services. I will have the opportunity to appeal the decision.

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

Personal information recorded on these forms will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the instructors, professionals or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232(g)).