

_____ Initial
_____ Change

PASCO-HERNANDO STATE COLLEGE
SELF IDENTIFICATION & AUTHORIZATION FORM
FOR STUDENTS WITH DISABILITIES

HOME CAMPUS
___ East Campus
___ North Campus
___ Porter Campus
___ Spring Hill Campus
___ West Campus

NAME: _____ Student ID# _____
(Last) (First) (Middle Initial)

PROGRAM OF STUDY (check one): ___ AA ___ AS in _____ Other _____
___ BAS ___ BSN _____ Certificate

FULL ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE: (_____) _____

EMAIL ADDRESS: _____

NATURE OF PRIMARY DISABILITY: _____

If you have a disability, you may be eligible for Assistive Technology and/or Specialized Staff Assistance. To receive Assistive Technology and/or Specialized Staff Assistance, however, appropriate verification of the current disability must be on file with the PHSC Office of Disabilities Services. In addition, you are asked to provide more specific information by completing the remainder of this form. Appropriate documentation can be from individuals such as attending physicians, learning disabilities specialists, counselors from the Division of Blind Services, the Division of Vocational Rehabilitation, and the Veterans Administration. (Attach verification to this completed form.)

ASSISTIVE TECHNOLOGY/SPECIALIZED STAFF ASSISTANCE REQUESTED:

As a student with a disability, are you in need of specific equipment or specialized staff assistance while continuing your education? (ie, assistive technology, padded chairs, adjustable table, sign language interpreter, etc.)?

___ YES ___ NO If YES, please specify:

Have you received academic accommodations in the past?

___ YES ___ NO If YES, briefly explain the type and extent:

CERTIFICATION AND AUTHORIZATION:

The Assistive Technology/Services I requested is not available to me from any state or federal program responsible for such assistance, and if currently a client of another agency, I will inform the Coordinator or Assistant Coordinator of Disabilities Services at my campus if my financial benefits for assistive technology/services are changed. I will contact other appropriate agency/agencies for possible sponsorship, and I will inform the Coordinator or Assistant Coordinator of Disabilities Services of the results of the contacts. I authorize PHSC to refer me to other agencies.

I give permission for the Coordinator or Assistant Coordinator of Disabilities Services, the Vice President, an Advisor, and/or Associate Dean of Student Affairs, Engagement and Special Services to share with members of the administration, faculty, and/or advising staff any diagnostic and/or instructional information about me for the purpose of assisting me in my studies and coursework. I also give permission for the staff to release information to outside agencies upon my request.

Student's Signature _____ Date _____ Disabilities Services' Staff Signature _____ Date _____

ORIGINAL: Student Record

COPIES: Student
Coordinator of Disabilities Services
Assistant Coordinators, Disabilities Services (East, North, Porter and Spring Hill Campuses)

Student Checklist

- _____ 1. Self-identification form is complete
- _____ 2. Qualifying documentation has been received
Or
_____ Further Documentation is needed:
- _____ 3. Student informed of confidentiality with exceptions pertaining to academic intervention needs.
- _____ 4. If approved, student will receive a Confidential Accommodations Request Form in their Quistamail (<http://phsc.edu/quistamail>) from MIS titled "ADA Accommodations Form". Student is to provide all instructors with accommodation forms (once approved) at the beginning of the semester or at student's discretion, once they have been prepared by the Office of Disabilities Services.
- _____ 5. Student informed of the ASC (Academic Success Center) as the primary testing area and resource (provides free tutoring and alternate testing location.)
Visit: <https://booknow.appointment-plus.com/3sy7j5v2/10> to schedule testing.
- _____ 6. Course Substitution procedures (IMM #3-26) _____ or N/A
- _____ 7. Student informed of different policies at other colleges (advocate for your needs, accommodations and conduct needed research.)
- _____ 8. Student understands the importance of discussing accommodation needs with all instructors every semester.
- _____ 9. _____ Student qualified for accommodations or _____ Provisional for 1 semester

Signature: _____

Additional Notes: _____

Florida Voter Registration Application: (Please see attached information sheet about the voter registration application)

If you are not registered to vote where you live now, would you like to apply to register to vote today?

_____ (yes or no)

If you are registered to vote where you live now, would you like to update your voter registration record?

_____ (yes or no)