



**NORTH SEATTLE  
COLLEGE**

One of the Seattle Colleges  
**Disability Services**

## DS Student Information Form

If you need assistance filling out this form, please ask for a Disability Services staff member.

### Student Information

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ CTCLink ID#: \_\_\_\_\_

Preferred Pronouns: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Can we leave a voice message with department name and the reason for our call? Yes No

Email address: \_\_\_\_\_

Best way to contact you: Home Phone Cell Phone Email

Date of Birth: \_\_\_\_\_ Emergency Contact/Phone: \_\_\_\_\_

### School Information

Student Status: Prospective (not yet attending) Current (attending)

Please check if you are a: Running Start student Seattle Promise student

### Accommodation Request

Please describe your disability (or temporary medical condition) and how it may impact you as a student at North Seattle College:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I had an Individualized Education Plan or 504 Plan in K-12 Yes No I don't know

Have you used accommodations in my previous college experience

Yes No I don't know

If yes, please specify the accommodations you had:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the accommodations you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

North Seattle College does not discriminate on the basis of race or ethnicity, color, age, national origin, religion, marital status, sex, gender, gender identity, sexual orientation, status as a veteran or disabled veteran, political affiliation or belief, citizenship/status as a lawfully admitted immigrant, or disability. This publication is available in alternate format upon request. Please contact Disability Services at 206-934-3697 or [ds@seattlecolleges.edu](mailto:ds@seattlecolleges.edu)  
S: Disability Services/Forms

**Please indicate which off-campus resources you have used:**

- DSHS (Department of Social & Health Services)
- HSDC (Hearing, Speech & Deafness Center)
- DSB (Department of Services for the Blind)
- Other (please specify below)
- Veterans Affairs
- WorkSource
- DVR (Department of Vocational Rehabilitation)

**What would you most like to accomplish while you are here at NSC? Is there anything else you would like us to know?**

**Confidentiality**

Disability Services (DS) is committed to ensuring that all information and communication pertaining to a student's disability is maintained as confidential as required or permitted by law. All information submitted to the DS Office is kept separate from an academic record and is considered private under the Family Education Rights and Privacy Act (FERPA). DS will not disclose any information unless previously authorized by you or requested by law.

**Verification**

By signing this form, I hereby verify that the information I have provided is true and accurate. I have been informed of the policy regarding confidentiality and the release of information from my DS file. I understand that DS may release information from my file to be used in a confidential manner with appropriate College faculty and officials who have a legitimate educational interest.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

Thank you – we look forward to partnering with you.  
Questions? Reach us at 206-934-3697 or [ds@seattlecolleges.edu](mailto:ds@seattlecolleges.edu)

For DS Office Use Only
DSS Code _____
Entered By _____
LOA Begin Date _____



Disability Services  
College Center Bldg, 2<sup>nd</sup> Floor  
9600 College Way North  
Seattle, Washington 98103-3599  
(206) 934-3697

## Student Rights and Responsibilities

Please initial your understanding and agreement:

### Rights

\_\_\_\_\_ I understand that my participation with DS is voluntary. I have the right to not utilize an approved accommodation.

\_\_\_\_\_ I understand that the NSC is committed to providing qualified students with a disability an equal opportunity to access the benefits, rights, and privileges of District services, programs and activities in an accessible setting appropriate to the student's needs in compliance with the Americans with Disabilities Act Amendments Act, Section 504 of the Rehabilitation Act of 1973 and the disability laws of the State of Washington.

### Responsibilities

\_\_\_\_\_ It is my responsibility to provide information on a timely basis regarding the functional impact of the disability, and the specific accommodations requested to the Disability Support Services Office designated by the college to serve students with disabilities. Requests for accommodations should be received by the college with advance notice because certain accommodations require several weeks to implement. Lack of advance written notice may delay the availability of an accommodation.

\_\_\_\_\_ It is my responsibility to provide appropriate documentation concerning the functional impact of the disability so that the college may determine appropriate accommodations. Such written documentation shall include, but is not limited to; identification of tests administered, test results, description of the covered disability, and recommended accommodations from the student's physician or other qualified professional. Specific procedures for this process are available in the DSS Office on each campus. I acknowledge that submitted documentation becomes part of my Disability Services student file. I will save a copy of my documentation for my own personal records before submitting.

\_\_\_\_\_ It is my responsibility to promptly notify the appropriate office designated by the college to serve students with disabilities of any problems encountered in receiving the agreed-upon accommodations.

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\_\_\_\_\_ All requests for effective communication services (such as ASL interpreters) must be made to Disability Services. Requests for services with less than four weeks' notice for ongoing classes can result in delayed services. At least 5 business days may be needed for one-time events or services. Fulfillment of requests is contingent upon service provider availability.

\_\_\_\_\_ It is my responsibility to initiate and maintain ongoing contact as necessary with Disability Services in order to receive accommodations.

\_\_\_\_\_ It is my responsibility to request a Letter of Accommodation from DS each quarter that I want to receive accommodations. I understand that accommodations are not implemented unless I request them.

\_\_\_\_\_ I understand that accommodations are not retroactive and do not apply to course work completed before the accommodations were implemented.

\_\_\_\_\_ It is my responsibility to inform DS if I add, drop, or change a class during the quarter.

\_\_\_\_\_ It is my responsibility to meet the academic and technical standards required for admission to, participation in, and/or fulfillment of essential requirements of college programs or activities. I understand that North Seattle College cannot substantially alter essential program or licensing requirements.

\_\_\_\_\_ It is my responsibility to follow up with my instructors to discuss how the accommodations will be arranged if their assistance is needed.

\_\_\_\_\_ It is my responsibility to inform DS as soon as possible if there is a problem with my accommodations, if my accommodations are not being provided, or if I have questions about my accommodations.

\_\_\_\_\_ It is my responsibility to arrange and use an accommodation appropriately, as instructed by DS.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DS Staff Signature

\_\_\_\_\_  
Date



Disability Services  
College Center Bldg, 2<sup>nd</sup> Floor  
9600 College Way North  
Seattle, Washington 98103-3599  
(206) 934-3697

## Confidentiality of Information Notification

Disability Services (DS) is committed to ensuring that all information and communication pertaining to a student's disability is maintained as confidential as required or permitted by law.

The following guidelines about the treatment of such information have been adopted by DS and will be shared with students. These guidelines incorporate relevant state and federal regulations.

1. No one will have immediate access to student files in DS except appropriate DS staff members. Any information regarding a disability is considered confidential and will be shared only with others within the college who have a legitimate educational interest.
2. This information is protected by the Family Educational Rights and Privacy Act (FERPA).
3. Sensitive information in DS student files will not be released except in accordance with federal and state laws.
4. A student's file may be released pursuant to a court order or subpoena.
5. If a student wishes to have information about his/her disability shared with others outside the College, the student must provide written authorization to the DS Director to release the information. Before giving such authorization, the student should understand the purpose of the release and to whom the information is being released.
6. There may be occasions when the DS Director will share information regarding a student's disability at his/her discretion with institutional personnel if circumstances necessitate the sharing of information and the Director has determined that there is an appropriate legitimate educational interest involved.
7. A student has the right to review his/her own DS file with reasonable notification.

I have been informed of the policy regarding confidentiality and the release of information from my DS file. I understand that DS may release information from my file to be used in a confidential manner with appropriate College faculty and officials who have a legitimate educational interest.

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Signature

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Date