

ADA/504 Release of Information, Important Procedures, Contact Preference

Please read carefully, sign and date

I do hereby give my permission for NSCC Access Center to act on my behalf for appropriate assistance with ADA/504 accommodations, and to share information regarding my accommodations as it pertains to my academic goals with Instructors, Deans, Tutors, Division of Vocational Rehabilitation personnel, and any other parties involved in the provision of educational services at Nashville State Community College.

Student Name: _____ A#: _____

Student Signature: _____ Date: _____

Please read and initial each

_____ **Responsibility to Contact Access Center:** I understand that it is my responsibility to contact the Access Services Coordinators to request accommodations, provide documentation in a timely manner. I understand that it is my responsibility to participate in the interactive process by communicating with the Access Center as applicable, to arrange a Reader, Scribe or ASL Interpreter for classroom or testing services, and to confirm the need for alternative textbooks and/or peer notetaking at the beginning of each term in which I am enrolled.

_____ **Responsibility to Coordinate with Instructors:** I understand that it is my responsibility to coordinate deadlines and testing arrangements with my instructors in advance, and to contact the Access Center if my accommodations are not being provided.

_____ **Absences:** I understand that it is my responsibility to inform my Instructors of my absence from class and to provide documentation of absences caused by my disability to the Access Services Coordinators.

_____ **Permission to Record Subject to Copyright Law:** I understand that if I record classes, information contained in the recorded lecture is protected under federal copyright laws. The recordings may not be copied or forwarded to anyone else, or published without the written consent of the instructor/lecturer.

_____ **Responsibility for Loaned Equipment:** I agree to use loaned equipment as intended for NSCC educational purposes with reasonable security precautions and care. I will notify the Access Center as soon as possible if the equipment fails to function properly and return it if I no longer wish to use it. I will return the equipment to the Access Center immediately following final exams or within one week of withdrawing from class/classes. Failure to return equipment as agreed will result in a hold on my account. I agree to pay current replacement price or replace the equipment if it is lost, stolen, or broken.

_____ **Tutoring Services:** I understand tutoring services are available at no cost from the Learning Center.

_____ **Voter Registration:** I understand that if I am not already registered to vote and need assistance with registration I can receive assistance from the NSCC Office of Student Life and the Access Center.

_____ **Testing Appointments:** I understand it is my responsibility to make accommodated testing appointments through the Access Center two full business days in advance (by 9am). Without an appointment, I won't be able to test. I will contact the Access Center if I have any questions/concerns.

Alternate Contact, please check your preference

_____ I give permission to the Access Center to communicate with a contact person concerning important absence and/or academic issues.

_____ I prefer not to give a contact person's name for any reason.

Contact Person's Name: _____ Contact person's phone # (____) _____