Disability Services Application

Each semester, students requesting disability services are required to complete the Disability Services Application Package. Medical documentation of a disability that causes a student to be in need of special services must be submitted with his/her first application. (Example: letters and reports from a licensed professional which include a diagnosis, a discussion of limitations, and the recommended accommodations for disabilities in an academic setting.) This medical documentation must have been completed no more than three years prior to the date that the student submits the request for services and accommodations, and must be updated every three years. Request for Disability Services is not retroactive.

In this application package, you will find:

- Request for Disability Services
- Disability Services Contract
- Voter Registration Declaration Form
- Authorization to Release Medical Information Form (Optional)

Please fill out all required documents and return this application package to Student Services. All paperwork can be submitted in person or by email (thomasclarke@cltcc.edu). Failure to do so might cause a delay in services.

Nondiscrimination Statement:

Central Louisiana Technical Community College does not discriminate on the basis of race, color, national or ethnic origin, gender, religion, qualified disability, marital status, age, political affiliation or belief, veteran status, sexual orientation, or citizenship status in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations. Central Louisiana Technical Community College does not discriminate in its hiring of employment practices.

REQUEST FOR DISABILITY SERVICES

Fall __ Spring __ Summer __ Winter__ 20____

Name: _____ Student ID #: _____

Address: _____

Date: _____ Cell Phone: _____

Personal Email: _____ Program:

_____

* Have you previously registered with this office? ☐ Yes ☐ No
* Are you a Veteran? ☐ Yes ☐ No
* Are you a client of Vocational Rehab?
  ☐ Yes. If yes, who is your Rehabilitation Counselor? _____
  ☐ No.
* What best describes your disability? Please check all that apply:
  ☐ Physical ☐ Learning ☐ Mental ☐ Emotional ☐ Psychological
* What accommodations are you requesting? Please check all that apply:

☐ Extended Time on Tests	☐ Extended Time on Assignments	☐ Isolated Testing Environment
☐ Alternative Test Format	☐ Preferential Seating	☐ Sign Language Interpreter
☐ Note Taker or use of NCR Paper	☐ No Scantrons	☐ Use of Tape Recorder
☐ Repeated Instruction	☐ Reader	☐ Scribe
☐ Enlarged Text	☐ Special Equipment	☐ Other:_____

My signature below indicates that I understand my request for services and accommodations must be submitted with appropriate medical documentation that substantiates my request, and my request for services and accommodations will not be reviewed until all required paperwork are received and completed.

_____ _____

Signature Date

DISABILITY SERVICES CONTRACT

I, _____, understand and agree to the following:

* It is my responsibility to initiate requests for accommodations.
* It is my responsibility to notify the Disability Services Office should any of my class schedules change.
* The reasonable accommodations that are available to me are only those specified in the medical documentation I provided to the Disability Services Office.
* My signature below indicates that I fully understand my rights and responsibilities as a recipient of these services at Central Louisiana Technical Community College. My signature also authorizes Disability Services at Central Louisiana Technical Community College to discuss, either in writing or orally, my academic accommodations with appropriate administrators, instructors, professors, and third-party service providers as deemed necessary by CLTCC Disability Services staff for the purpose of providing and/or coordinating accommodations and services for me.

Student's Signature:_____ Date: _____

Disability Services Staff: _____ Date: _____

CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE

STATE OF LOUISIANA
VOTER REGISTRATION AGENCIES
DECLARATION FORM

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)

[ ] I want to register to vote.* [ ] I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)

[ ] Yes, I would like help. **[ ] No, I do not want help.**

For assistance in completing the voter registration application form outside our office, contact CLTCC Disability Services at 318-487-5443 or

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned in person to CLTCC Disability Services, Student Services or by mail to Central Louisiana Community College, 516 Murray Street, Alexandria, LA 71301.

Signature or Mark **Name Typed or Printed** **Date**

Signatures of Two Witnesses If Signed With Mark:

1) _____ 2)_____

COMPLAINTS

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.

Comments/Remarks (for official use only):

CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

To:_____ Date: _____

I hereby authorize the release of any and all medical records, documents, facts or information including verbal communication with any health care provider or social service agencies involved with or which pertains to any past, present or future medical, physical or psychological condition, or assistance with the activities of daily living.

You are hereby authorized to give to the Office of Disability Services all information and facts, that include reports, records, and results of any diagnostic test which have been administered to date. I specifically authorize necessary verbal communication as to relevant medical condition or disease by any health care provider, hospital or representative defined in LSA R.S. 13:1334; Code of Evidence Article 510 and LSU Code of Civil Procedure Article 1465.

This release includes, but is not limited to, any office affiliated in any way with the U.S. Department of Health and Human Services, the State Department of Health and Human Services, the State Department of Health and Rehabilitative Services, State of Louisiana Department of Education, the Veterans Administration, National/State/Local Social Service Agencies and faculty and staff as indicated by the specified student signature below.

This original or any photostat copy will be as valid as the original. The authorization will remain in effect for one year.

Student Name: _____

Student Address: _____

Student Phone Number: (Home) _____ (Cell) _____

Student Signature: _____ Date:_____

Disability Services Staff: _____ Date:_____