



Office of Accessibility Services Hudson County Community College

Accessibility Services Request Form

Hudson County Community College is committed to providing support to students with disabilities through its Office of Accessibility Services (OAS). To register and use these services as a new or continuing student, fill out the form below and submit it to the Office of Accessibility Services. Accessibility Services will schedule an appointment with you to review your documentation and set up accommodations. New students can request testing accommodations for the College Placement Test. NOTE: An Individualized Education Plan (IEP) is not sufficient documentation.

Disclosure is voluntary, but must be made if these services are to be arranged and done in a timely manner. By completing the request form, you are self-disclosing to the office that you are seeking reasonable accommodations because you have a documented disability. You are in no way obligated to complete the entire process by submitting a request form, but no accommodations and services can be offered until your documentation is reviewed and the intake appointment is completed. This information is confidential.

The completed request form can be submitted by email to as@hccc.edu. If you have any additional questions about this form or the process of requesting accommodations, please call 201-360-4157/4163.

Student Information			
Name	Date of Birth (Format: XX/XX/XXXX)		
Address	City	State	Zip Code
Student Email @live.hccc.edu	Student ID	Gender ☐ Male ☐ Female ☐ Other _____	
Cell Phone	TTY (Teletypewriter)		

Check if applicable	
☐ Transfer Student ☐ Visiting Student ☐ Veteran ☐ International Student	Semester applying:
Institution Transferring/Visiting From:	Received Accommodations? ☐ Yes ☐ No



Office of Accessibility Services Hudson County Community College

Type of Disability (check all that apply): ☐ Learning Disability ☐ Visual Impairment or Blindness ☐ Hearing Impairment ☐ Mobility Impairment ☐ Psychological/Psychiatric disability ☐ Neurodevelopmental Disorders ☐ Seizures (Epilepsy) ☐ Neurological Impairments (polio, cerebral palsy, stroke, etc.) ☐ Medical Condition ☐ Other (describe)	Common Requested Accommodations: <i>Please note: Requesting accommodations <u>does not guarantee</u> you will be approved for them. Leave blank if not sure.</i> ☐ Extended time on assignments ☐ Extended time on quizzes/exams ☐ Use of a Note-taker ☐ Reduced Distraction Testing Location ☐ Use of a laptop/computer to type up assignments ☐ Alternate Format Text (electronic versions of textbooks) ☐ Use of a reader for exams ☐ Use of tape recorders for lectures ☐ Sign Language Interpreter ☐ Other accommodation(s) seeking:
Office Member Completing Form: Request Form Submission Date: Intake Appointment Date: Intake Modality: Campus location: ☐ JSQ ☐ North Hudson Documentation Submitted: ☐ Yes ☐ No 1. 2. 3. 4. 5.	Approved Accommodations: 1. 2. 3. 4. 5. 6. 7. 8. 9. Approved accommodations applicable to the CPT? Label accommodations for the CPT with an asterisk. ☐ Yes ☐ No