

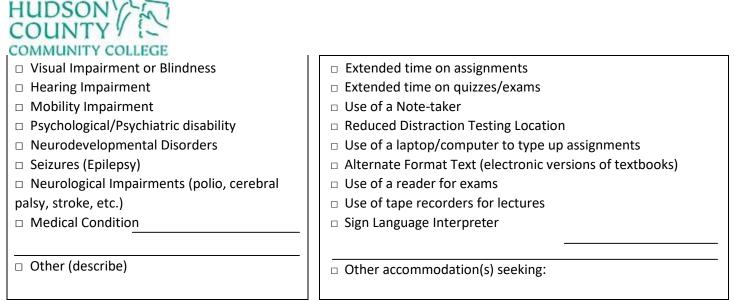
Office of Accessibility Services

Center for Academic and Student Success Hudson County Community College Accessibility Services Request Form

Hudson County Community College is committed to providing support to students with disabilities through its Accessibility Services. To take advantage of these services as a new student, fill in the form below and submit it to the Center for Academic and Student Success. The Counselor/Coordinator of Accessibility Services will schedule an appointment with you to review your documentation and set up accommodations, if necessary, for taking the College Placement Test and for the coming semester. 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 seek 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 services can be offered until the coordinator has reviewed your documentation and has had the intake appointment with you. This information is confidential.

| Student Information | | | |
|---|--|--------------------------|----------|
| Name | Date of Birth (Format: XX/XX/XXXX) | | |
| Address | City | State | Zip Code |
| Student Email | Student ID | Gender | |
| @live.hccc.edu | | ☐ 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 |
| | | | |
| | Common Requested Accommodations: | | |
| - Learning Disability | Please note: Requesting accommodations <u>does not guarantee</u> you will be approved for them. Leave blank if not sure. | | |



Disability Support Services – 70 Sip Avenue (A Building), Jersey City, NJ 07306 Phone: (201) 360 – 4157/4163 dss@hccc.edu

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Center for Academic and Student Success Hudson County Community College

Accessibility Services Request Form

| Office Use: | |
|--------------------------------|--------------------------|
| Office Member Completing Form: | Approved Accommodations: |
| Request Form Submission Date: | |

| Intake Appointment Date: | |
|--------------------------|--|
| Intake Modality: | |
| Campus location: | |
| Documentation Submitted: | |
| □ Yes □ No | |
| 1. | |
| 2. | |
| 3. | Approved accommodations applicable to the CPT? Label |
| 4. | accommodations for the CPT with an asterisk. |
| 5. | |
| | |

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