



## 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 @live.hccc.edu	Student ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	
Cell Phone	TTY (Teletypewriter)		

Check if applicable	
<input type="checkbox"/> Transfer Student <input type="checkbox"/> Visiting Student <input type="checkbox"/> Veteran <input type="checkbox"/> International Student	Semester applying:
Institution Transferring/Visiting From:	Received Accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No

Type of Disability (check all that apply):
<input type="checkbox"/> Learning Disability

#### Common Requested Accommodations:

***Please note: Requesting accommodations does not guarantee you will be approved for them. Leave blank if not sure.***



- ☐ 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) \_\_\_\_\_

- ☐ 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: \_\_\_\_\_

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

**Office of Accessibility Services**  
**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:	

<p>Intake Appointment Date:</p> <p>Intake Modality:</p> <p>Campus location: <input type="checkbox"/> JSQ   <input type="checkbox"/> North Hudson</p>	
<p>Documentation Submitted:</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>	<p>Approved accommodations applicable to the CPT? Label accommodations for the CPT with an asterisk.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>