ACCESS APPLICATION

Accommodations at Collin County for Equal Support

Services

To receive services from **ACCESS**, complete and return this form to the **ACCESS** Office located at the campus where you attend classes. The information is required for us to determine if we are to assist you with appropriate support services. **This is not an application for admission to the college**. All medical, psychological, and psycho-educational supporting documentation provided by you will be staffed by the ACCESS review committee to determine if academic accommodations being requested are appropriate. This form and all supporting documentation are maintained separately from your academic records and are held in <u>strict confidence</u> in the **ACCESS** Office.

Personal Information:	Today's Date:
Name:	Birth Date
Collin's issued ID	
Address:	
City/State/Zip	
Telephone #:	
Official College Email	@cougarmail.collin.edu
Alternate Email	
Major/Degree Program/Certificate:	

Have you ever been tested or diagnosed as having a disability? _____ If yes, when? Diagnosis/Results of Testing

Documentation:

A medical and/or a psychological diagnostic evaluation report is required as part of this application process. It must provide evidence of your disability and its limitations to your mobility or academic performance. The report must include a contact name, title of person completing the report, their telephone number and address. <u>We only accept reports from clinicians licensed to assess your disability</u>. **See our Documentation Guidelines posted on the Collin College website under Disability Services.** Are you currently receiving assistance from Department of Assistive and Rehabilitation Services (DARS) ? _____ Yes _____No

Counselor:_____Phone No. _____

EDUCATIONAL HISTORY:

High School Name:

High School graduate? _____ Date of Graduation: _____ or GED?

Did you receive support services in high school?

If yes, explain the type of services that you received:

Have you attended any educational institutions beyond high school?

Did you receive any support services there?

If yes, explain the type of services that you received?

What type of specific academic accommodations are you requesting?

Signature _____ Date _____

With few exceptions, state law gives you the following rights regarding the information collected by Collin College about you: the right to request to be informed about the information; the right to receive and review the information; and the right to correct information about you that is incorrect.

CONFIDENTIALITY WILL BE STRICTLY MAINTAINED AT ALL TIMES

Note exceptions to confidentiality include imminent harm to self or others; suspicion of abuse or neglect of children, the elderly, or individuals with disabilities; compliance with court order; or report to a counselor of sexual assault.

ACCESS Office Locations and Contacts:

Preston Ridge 9700 Wade Blvd Frisco, TX 75035 972-377-1785 Spring Creek 2800 E. Spring Creek Pkwy Plano, TX 75074 972-881-5898 Central Park 2200 W. University Dr. McKinney, TX 75071 972-548-6865

Brett Haduch

Disability Advisor

Gloria Cloud