



ACCESS APPLICATION

Accommodations at Collin County for Equal Support Services

To receive services from **ACCESS**, you must complete and return this form to the **ACCESS** Office, Room D-140, Spring Creek Campus, 2800 E. Spring Creek Parkway, Plano, TX 75074. 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 strict confidence in the **ACCESS** Office.

Personal Information:

Today's Date: _____

Name: _____ Birth Date _____

Collin's issued ID _____ - _____ - _____

Address: _____

City/State/Zip _____

Telephone #: _____ Cell #: _____ E-Mail _____

Major/Degree Program/Certificate: _____

*****In case of an emergency**, please notify _____

(relationship) _____ Phone: _____. I understand that in situations of imminent danger to myself or someone else, the above mentioned individual may be notified, in addition to medical or law enforcement personnel as deemed appropriate by ACCESS staff. _____ (<Signature)

Ethnicity: ☐ White, Non-Hispanic ☐ Black, Non-Hispanic ☐ Hispanic ☐ Asian/Pacific
☐ American Indian or Alaskan Native ☐ Not U. S. Citizen/Permanent Resident

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. 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. **We only accept reports from licensed professionals familiar with your disability.**

Are you currently receiving assistance from the agencies listed below:

Department of Assistive and Rehabilitation Services (DARS) _____ (formerly TRC and TCB) _____ 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; and report of sexual assault by a therapist.