

Request for Services

Congratulations on your acceptance to Asheville-Buncombe Technical Community College.

Federal Law prohibits us from making pre-admission inquiries about disabilities. The Disability Services Office has been designated on campus to assist students with disabilities. In order to provide this assistance it is necessary to identify students with disabilities in a timely manner. Therefore, we are asking your cooperation in completing this questionnaire if you require services. Please remember that any information you provide is strictly voluntary. This voluntary self-identification allows A-B Tech to begin the process of preparing support services to facilitate your learning. This information will be kept in confidence.

Please complete the following:

Student ID#: _____

Name: _____ SS#: _____

Date of Birth: _____ Email Address: _____

Permanent Address: _____
Street City State Zip

Home phone: _____ Cell phone: _____ Work phone: _____

What is your major/goal at A-B Tech? _____

What is the nature of the disability? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Head Injury |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Other (specify: _____) |

Limited major life activity involved. (Check all that apply)

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> Participating in physical activities | <input type="checkbox"/> Talking | <input type="checkbox"/> Math |
| <input type="checkbox"/> Understanding spoken language | <input type="checkbox"/> Walking | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Climbing stairs | <input type="checkbox"/> Hearing | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Other, please list _____ | |

How does this disability affect you?

What accommodations or services do you need while you are in school?

I certify that the information above is accurate.

I authorize the Counseling Department of Asheville-Buncombe Technical Community College to disclose to Asheville-Buncombe Technical Community College faculty and/or staff members information regarding my disability and need for accommodations.

This information may be used to evaluate the need for educational services and/or plan an educational program. The use or release of this information is limited to purposes directly connected with my educational program.

I understand that my records are protected under confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand I may revoke this consent at any time except to the extent that action has already been taken. This authority expires with the completion of all transactions related to services provided by Asheville-Buncombe Technical Community College unless otherwise specified.

Student's Signature: _____ Date: _____

Please return this completed data sheet along with supportive documentation of your disability to:

Disability Services Office
A-B Tech Community College
340 Victoria Road
Asheville, NC 28801

Asheville-Buncombe Technical Community College is committed to equality of educational opportunity and does not discriminate against applicants, students or employees based on race, color, gender, national origin, religion, sex, or disability.