Robeson Community College
Agreement/Release Form
Accessibility Services (AS)

Name (Print): ID#

By signing below, you are acknowledging that you have read, understand, and agree to the following statements:

1. It is the student's responsibility to voluntarily and confidentially disclose information regarding the nature and extent of the qualifying disability. The college does not assume responsibility for providing accommodations or services to students who have not identified themselves as having a qualifying disability.

2. The AS office has my permission to act as an advocate on my behalf with instructors/staff and to release information about my disability and/or accommodations to appropriate college personnel who are directly involved in providing academic or student services.

3. I understand that in order to receive accommodations each semester it is my responsibility to discuss requested accommodations listed on my student accommodation form with my professors. I understand that my student accommodation form will automatically be emailed to my professors each semester by the AS office. I also understand that if I do **NOT** wish for a professor to receive my student accommodation form, then it is my responsibility to notify the AS office prior to the start of the semester.

4. If I choose not to use my accommodations in a class nothing can be done to alter grades received when not using accommodations; however, I can choose to use accommodations at any time hence forth.

5. For students using interpreters: I will notify the AS office in advance if I am going to miss a class or an appointment. If I have excessive absences without notification, I understand that interpreting services may cease.

6. If I have concerns about my success in class, accommodations used, or any other concern related to my time at RCC, I will contact the AS office and make them aware of these concerns.

7. The AS office monitors my progress during each semester, but it is still my responsibility to monitor my progress in the classroom and work with support staff on campus if I am struggling in a class.

8. **Additionally, I authorize the AS office to disclose information about my disability, accommodations, and/or academic performance to the following persons (List Names):**

Parent/Guardians:

Mental Health Professional:

Vocational Rehabilitation:

Other:

Student Signature: Date:

AS Counselor: Date: