



Central Carolina Technical College
 Accessibility Services
 Leslie Abraham
 (803) 778-7871 (o)
 (803) 778-7866 (f)
 abrahamlm@cctech.edu

Accessibility Services Student Intake Form

C#: _____ Request for Service Date: _____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Best time to contact you: _____

Disability: _____ Documentation: _____

Special Concerns / Medication: _____

Allergies: _____
 Will you need assistance during an emergency evacuation? Type: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship to Student: _____

Student Signature: _____

THE ABOVE INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED TO SUPPORT ACCESSIBILITY SERVICES AT CENTRAL CAROLINA TECHNICAL COLLEGE. RELEASE OF INFORMATION TO ANY OTHER ENTITY MUST BE DONE IN WRITING.



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Accessibility Services Information/Medical Documentation Guide

Name (Print) _____ Date: _____

Date of Birth _____ CCTC Student # _____

The above-named student has requested accommodations at Central Carolina Technical College. The Accessibility Services Coordinator is attempting to determine what conditions or combination of conditions constitute a disability and “reasonable” accommodations needed for the student.

Please provide a summary on letterhead from a licensed provider. Letter must include date, signature, and credentials. Prescription pads will not be accepted. Provide information about the learning disabilities, mental disabilities, and or physical limitations. This should include developmental, medical, psycho-social, description of evaluation, dated clinical summary, student’s name, and recommended accommodations. For temporary disabilities please include the start date and expected end date.



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Accessibility Service Release of Information

The purpose of this release form is to gain permission to disclose/obtain confidential information on a need-to-know basis from or/to any of the designated parties.

I, _____ CCTC# _____,

Hereby authorize Leslie Abraham, Accessibility Services at CCTC.

to release the information:

___ Verification of disability diagnosis and/or information regarding appropriate academic accommodations for my disability

___ Faculty notification letter (s) identifying my approved academic accommodations and providing information necessary to allow me to access my educational program

___ Other: _____

I am authorizing that the above information be released to:

___ Parent/Guardian (by name) _____

___ Faculty/Staff (by name) _____

___ Administration of Central Carolina Technical college

___ License provider _____

___ High School _____

___ Agency _____

___ Other by name _____

DO NOT RELEASE THE FOLLOWING: _____

I understand this information is needed to provide me with accessibility accommodations and services. This information is confidential and will not be released without my prior written consent. Exceptions to the privilege of confidentiality allow the disclosure of this information when deemed necessary to protect me or others from imminent physical danger, where child abuse is present, or upon court order.

This authorization shall remain in effect during my enrollment at Central Carolina Technical College or until I revoke it in writing. (Please note any restrictions which applied to this authorization.)

 Student signature Date

 Witness signature Date