

Release of Information:

I authorize the Coordinator of Students with Disability Services Staff to receive information from the provider (whomever completed your medical / non-medical documentation). I also authorize my provider to discuss my disability with the coordinator of Students with Disability to clarify any unclear items.

Name of Provider: _____

Address: _____
Street City State Zip Code

Phone: _____ E-mail: _____

I authorize the Coordinator of Students with Disability Service Staff to release regarding my disability and accommodations to the following:

___ Faculty / Staff ___ Parent / Guardian (name: _____)

___ Other (name: _____)

For Vocational Rehabilitation Clients only:

I request and authorize the South Carolina Vocational Rehabilitation Department and OCtech to release and exchange between them any information regarding me that these two parties determine to be necessary in my rehabilitative process.

VR Counselor _____ Phone: _____

E-mail: _____

If Accommodations Are Approved:

I am to request services each semester before the semester begins by completing the Accommodation Agreement Form Committee Review of Documentation.

I am to be my own advocate. All requests for services are to be made by me personally and it is my responsibility to report any problems or concerns with my accommodations to the Coordinator of Students with Disability Services.

Additional Information:

I understand that my completing this form is only the initial step in the disability accommodation process. My request for disability accommodations will be reviewed and approved based upon needs evident in the documentation I have provided.

I understand that I am able to discuss with the Coordinator of Students with Disability Services any appeals process if I am in disagreement with a decision.

Student's Signature

Date

Coordinator of Students with Disability Services Signature

Date

Return forms to: Coordinator of Students with Disabilities
Orangeburg-Calhoun Technical College
3250 St. Matthews Road, Orangeburg, SC 29118

Contact: 803.535.1224
dibblet@octech.edu

The Coordinator of Students with Disability Services adheres to strict standards of confidentiality and is compliant with the Health Insurance Accountability Act (HIPAA) of 1996 and the Family Educational Right and Privacy Act (FERPA).