

Student Data Form



Part I: Personal Information

Date: _____

Name: _____ EmplID# _____

Address: _____

City, State _____ Zip _____

Telephone (_____) _____ - _____ e-mail _____

Date of Birth: _____ / _____ / _____ Signature: _____
Month Day Year

Part II: Disability Information

Disability: _____

Physician's Information:

Name: _____ Telephone (_____) _____

Address: _____

City, State: _____ Zip: _____

Part III: Academic Information

Semester will enroll: _____ Year _____

Academic Program: _____

Part IV: Community Assistance

DRS Counselor (Name): _____ Telephone (_____) _____

RETURN TO:

Win Stevens
Coordinator of Disability Services
Germanna Community College
Fredericksburg Area Campus – Room 201
10000 Germanna Highway
Fredericksburg, VA 22408

Special Needs Counselor
Germanna Community College
Locust Grove Campus – Room 205
2130 Germanna Highway
Locust Grove, VA 22508



Authorization to Release Information to Faculty, Staff or Service Provider

I hereby authorize the Coordinator of Disability Services and/or Special Needs Counselor at Germanna Community College to release pertinent

- Medical
- Psychological
- Educational, or
- Vocational

information to the faculty or staff at Germanna Community College and/or other providers of supporting services. This disclosure is to assist me in fully participating in an educational program activity. Disclosure of information will be restricted to what is necessary, relevant, and verifiable.

Student's Signature: _____

Students Printed Name: _____

SS# _____ - _____ - _____

Date: _____



Authorization for the Release of Medical Information

I hereby authorize the release of any pertinent: Medical, Psychological, Educational, or Vocational information to the Coordinator of Disability Services and/or Special Needs Counselor at Germanna Community College for the purpose of assisting me as I pursue my educational goals.

A photocopy or facsimile of this authorization shall be as valid as the original document.

Student's Signature: _____

Students Printed Name: _____

SS# _____ - _____ - _____ Date: _____

Physician/Service Provider Information

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____

State: _____

Zip: _____

Zip: _____

Telephone: _____

Telephone: _____

Fax number: _____

Fax number: _____



Authorization to Release Information to Family Member or Other Designee

I hereby authorize the Coordinator of Disability Services and/or Special Needs Counselor at Germanna Community College to release and discuss ANY pertinent information in my file with the person(s) listed:

_____	Relation _____
_____	Relation _____
_____	Relation _____

The purpose of releasing this information is to keep them advised of my academic progress at Germanna Community College.

Student's Signature: _____

Students Printed Name: _____

SS# _____ - _____ - _____



Evacuation Procedures for Students With Disabilities

Fredericksburg Area Campus

The Fredericksburg area campus is a multi-level facility. In the event of a fire or if an emergency arises in which the building needs to be evacuated, students with disabilities who normally use the elevator for access to the second floor are responsible for getting themselves to the nearest stairwell landing. These landings are airtight and contain enough oxygen for 90 minutes. There is an emergency call button at the top of each stairwell. Press the button to alert emergency personnel of your need for assistance and your location.

Do not let students or faculty carry you down the stairs. Emergency personnel are properly trained to evacuate students in such a situation; but ultimately the decision is yours.

Locust Grove Campus

The Locust Grove Campus is a one level facility. In the event of a fire or if an emergency arises in which the building needs to be evacuated, students with disabilities who do not need an attendant are responsible for getting themselves to emergency exits. If you have an attendant, your attendant is responsible for your evacuation. There are emergency exits in every corridor. Emergency Hall Monitors are appointed to search the building to ensure that it is completely evacuated.

If you are unable to make it out of the building, the Hall Monitor will notify emergency personnel of your location. While the decision is ultimately yours, we suggest that you do not let students or faculty carry you. Emergency personnel are properly trained to evacuate students in such a situation.

SIGNATURE OF RECEIPT:

I have read the evacuation procedures. I have had the evacuation procedures explained to me. I understand what I am to do in the event of an emergency. I have received a copy of the evacuation procedures and returned a signed copy to the Special Needs Counselor to be placed in my file.

Student's Signature: _____ SS# _____ - _____ - _____

Printed Name: _____

Return "Signed" Office Copy
(Keep Student Copy)



Guide for Accessing Services for Students with Disabilities at Germanna Community College

This is your guide for accessing disability services at Germanna Community College:

1. Make an appointment to meet with a Special Needs Counselor on either the Fredericksburg Area Campus or the Locust Grove Campus.
2. Provide appropriate and current documentation of your disability.
3. Once documentation is approved, collaborate with the Special Needs Counselor to determine appropriate accommodations.
4. Obtain an Accommodation Letter from the Special Needs Counselor at the start of each semester.
5. Share the Accommodation Letter with your instructors outside of class. Work with instructors to determine how accommodations will be provided. (If you need extended testing time, be sure you AND your instructor are clear on how this will be handled BEFORE the first test).
6. If either you or the instructors have questions, contact the Special Needs Counselor.

IMPORTANT: Students must meet with the Special Needs Counselor prior to each semester to determine appropriate accommodations and receive Accommodation Letters.

SIGNATURE OF RECEIPT: I have read the Guide for Accessing Disability Services. I have had the Guide explained to me. I have received a copy of this Guide for future reference and returned a signed copy to the Special Needs Counselor to be placed in my file.

Student's Signature: _____ Date _____
Students Printed Name: _____