



ACCOMMODATIONS REGISTRATION AGREEMENT

Student:

- A. I understand that I am registering for accommodations at Bellin College and that I may be eligible for services such as information, referral, reasonable accommodations and/or other individualized services that may be needed for access to courses/labs/clinical, activities, programs, services or facilities.
- B. I understand that Bellin College requires information concerning my disability to provide services.
- C. I understand that as a user of disability services, I am responsible for reviewing the rights and responsibilities pertaining to disability access.
- D. I understand that I may not be eligible for services if I do not provide documentation of a diagnosed disability yearly, do not have a diagnosed disability, or do not follow Bellin College policies and procedures.
- E. If I receive services from the Division of Vocational Rehabilitation (DVR), I authorize and request the exchange of information, records and documentation between my Counselor at the DVR and Student Affairs at Bellin College. I further authorize these offices to discuss my personal, medical and educational needs as they relate to my enrollment or participation in courses/labs/clinical, programs or activities offered by Bellin College. Authorization for exchanging information expires upon graduation or leaving Bellin College.
- F. I understand that if I request Bellin College to facilitate accommodations on my behalf, they may need to consult with other college personnel and/or faculty.
- G. I give permission to have disability related information shared with appropriate college personnel to facilitate such requests.
- H. I understand that any information will be shared on a need-to-know basis only.
- I. I understand this agreement does not include the sharing of medical records or other documentation in my services file; my written authorization is needed before this information can be shared with others.
- J. I understand that this registration agreement must be filled out annually.
- K. My disability may be disclosed as: _____

Student Name (Print): _____ **Date:** _____

Student signature: _____ **Date:** _____

Accommodations Specialist signature: _____ **Date:** _____