

Lewis-Clark S T A T E C O L L E G E

Connecting Learning to Life

Office of Disability Services

Please fill out the following forms and return to the
Student Counseling Center – Disability Services
Lewis-Clark State College
500 8th Avenue
Lewiston, Idaho 83501

If you have questions or concerns, please call us at:
Phone: 208.792.2211
Toll Free: 800.933.5272, extension 2211
TTY: Idaho State Relay Service
1.800.377.3529

www.LCSC.edu/osl/ada.htm

Today's Date: _____		Graduation Date: _____	
Student Last: _____		First: _____	
Mailing Address: _____			
City ST Zip: _____			
Email: _____			
Is it okay to leave a message on your answering machine/cell phone? _____			
Phone: Cell / Home: _____			
Work: _____			
Emergency: _____			
Male/Female ()		Student Status: FR SO JR SR	
Credits this semester: _____			
Student ID #: _____			

Lewis-Clark State College
Student Counseling Center- Disability Services

Students have the responsibility to:

- **Self-identity** or disclose their disability to the Office of Disability Services. Disability Services is the office designated to evaluate disability documentation.
- **Provide** verifying documentation to the Office of Disability Services.
- **Obtain** assessment and test results and to provide them to the Disability Services office.
- **Act** as independent adults.
- **Arrange** their own weekly schedules.
- **Contact** their instructors to activate and adopt accommodations for each class.
- **Arrange** for and obtain their own personal attendants, tutoring and individually fitted or designed assistive technologies.
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Postsecondary institutions are NOT required to:

- **Reduce or waive** any of the essential requirements of a course or program.
- **Conduct** testing and assessment of learning, psychological or medical disabilities.
- **Provide** personal attendants.
- **Provide** personal or private tutors (tutoring services normally available to persons without disabilities are also accessible to persons with disabilities).
- **Prepare** “Individual Educational Plans” (IEPS)

Lewis-Clark State College
OFFICE FOR DISABILITY SERVICES
111 Reid Centennial Hall
792-2211

Personal Information:

Today's Date _____

Name _____

Student ID Number _____ Date Of Birth _____

Local Address _____ City _____ State _____

Permanent Address _____ City _____ State _____

Home Phone _____ Message Phone _____

Major _____ Advisor's name: _____

DISABILITY INFORMATION (Check all appropriate areas)

Physical Disability	_____	Learning Disability	_____
Medical/Illness	_____	Deaf/Hard of Hearing	_____
Head Injury	_____	Psychiatric	_____
Visual Disability	_____		
Others (please list)	_____		

Is your disability: Permanent _____ Temporary _____

Do you have documentation of your disability? Yes _____ No _____ Pending _____

Will you need emergency evacuation assistance? Yes _____ No _____

Please describe your disability and how it affects you in school:

If you have used accommodations / academic adjustments in the past, what have you used?

DISABILITY SERVICES

RELEASE OF INFORMATION

I _____, give permission to the Office of Disability Services, Lewis-Clark State College, to receive and/or dispense information in either written or verbal form. This information is for the purpose of assisting the staff in understanding my disabilities and abilities and to help me achieve academic success.

The person(s) or agency(ies) that will be contacted:

This information will be shared only with other professionals on a “need-to-know” basis, and only with the written permission of the student.

I understand that this release of information will remain in effect until it is revoked by me. I may revoke this consent at anytime with a written statement given to the Office of Disability Services, Lewis-Clark State College.

Student Signature

Date

Print Name of Student

Staff Signature

Date