

**AGREEMENT, DISCLOSURE AND CONSENT**

*Galveston College prohibits discrimination based on a disability, and is committed to providing an equal opportunity to access a full educational experience. Reasonable academic adjustments/auxiliary aids will be granted to students who qualify in accordance with Part 34, of Section 504 of the Rehabilitation Act of 1973.*

**NAME: GC ID#:**

**Please read and initial each box below (and on the back this form):**

[ ]  I have read and understand the Galveston College Special Services Student Guidelines located at [www.gc.edu](http://www.gc.edu). I understand the procedures and the responsibilities I have while receiving academic adjustments/auxiliary aids at Galveston College.

[ ]  I understand that before academic adjustments/auxiliary aids will be provided, I must:

1. Complete and return all Special Services registration paperwork.
2. Provide medical documentation of a qualifying disability completed by a health care professional who is licensed or certified in a field applicable to my disability.

[ ]  I agree to renew my academic adjustments/auxiliary aid letters **each semester** for new instructors in accordance with the College requirements.

[ ]  I understand that any **changes to the agreed adjustments must be requested in writing** to the Special Services Office and the instructor.

[ ]  I understand that disclosing a disability and/or requesting academic adjustments/auxiliary aids from an instructor or any College personnel other than a Student Services Office representative will not be considered official notification of a disability to the College. **Academic adjustments will not be initiated until I have notified the Special Services Office and completed the required procedures each semester.**

[ ]  **I understand academic adjustments are not retroactive.** Grades earned prior to Special Services registration or renewal in a new semester will stand.

[ ]  I understand that all of the information maintained by the Special Services Office is part of my educational record and as such is protected by the Federal Family Educational Rights and Privacy Act (FERPA) of 1974, (20 U.S.C. 1231g). According to that Act, all information contained in my educational records may be shared only with other campus representatives who have a legitimate education interest in such access.

[ ]  I understand my documentation will be used for the purpose of determining reasonable academic adjustments/auxiliary aids to provide equal access to courses. I further understand that some of my information may be used for statistical reporting requirements. Additionally, information may be shared when legally required.

[ ]  I agree that my records will be stored for five years after the semester that I cease contact with Special Service Office at which time all special service records will be destroyed.

[ ]  I agree that should I choose to share any of my information with outside entities including my parents/guardians, outside agencies, high school counselors, etc., I must sign a consent form.

[ ]  I agree that information that is necessary for student safety may be provided to the Galveston College Security Office to be used only in the event of an emergency. I give the Galveston College Special Services Office permission to share the following information with the Security Office:

1. My Name
2. My Student ID#
3. My Class Schedule
4. Information about my disability that is directly related to safety concerns during the event of an emergency, (ex: wheelchair assistance, emergency assistance for students with visual impairment, etc.).

[ ]  I understand that even with a documented disability, the essential skills of all classes must be met.

[ ]  I am aware that mental health, medical and/or law enforcement agencies will be contacted if I threaten or behave in ways that indicate I may be at risk for imminent harm to myself or others.

[ ]  I understand that even with a documented disability, if I behave in a way that violates the Student Code of Conduct or that is disruptive to the learning environment, threatening and/or dangerous, I will be subject to the same disciplinary actions as any other student at Galveston College. Information about the student disciplinary process may be found online in the Galveston College Catalog – Student Discipline and Penalties ([www.gc.edu](http://www.gc.edu)) and in the current Galveston College Student Handbook ([www.gc.edu](http://www.gc.edu)).

[ ]  I understand that if I am referred for disciplinary action specifically due to behaviors associated with my disability, medical clearance may be required before being readmitted to a particular class or before being allowed to come onto the Galveston College property. Information may be found in the Galveston College Board Rules section “Student Discipline and Penalties FM (LOCAL)” [www.gc.edu](http://www.gc.edu).

[ ]  I formally request that academic adjustments/auxiliary aids that are appropriate to my disability, and

that are reasonable in the context of the academic and student services environment, under the

Americans with Disabilities Act, and that have been agreed upon by myself and a representative

of the Special Services Office be provided to me by applicable entities at Galveston College.

Student Signature: Date:

Special Services Representative’s Signature: Date: