



## Office of Accessibility Services Hudson County Community College

### Accessibility Services Request Form

Hudson County Community College is committed to providing support to students with disabilities through its Office of Accessibility Services (OAS). To register and use these services as a new or continuing student, fill out the form below and submit it to the Office of Accessibility Services. Accessibility Services will schedule an appointment with you to review your documentation and set up accommodations. New students can request testing accommodations for the College Placement Test. NOTE: An Individualized Education Plan (IEP) is not sufficient documentation.

Disclosure is voluntary, but must be made if these services are to be arranged and done in a timely manner. By completing the request form, you are self-disclosing to the office that you are seeking reasonable accommodations because you have a documented disability. You are in no way obligated to complete the entire process by submitting a request form, but no accommodations and services can be determined until your documentation is reviewed and the intake appointment is completed. This information is confidential.

The completed request form can be submitted by email to [as@hccc.edu](mailto:as@hccc.edu). If you have any additional questions about this form or the process of requesting accommodations, please call 201-360-4157/4163.

Student Information			
Name	Date of Birth (Format: XX/XX/XXXX)		
Address	City	State	Zip Code
Student Email  @live.hccc.edu	Student ID		
Cell Phone	TTY (Teletypewriter)		

Check if applicable	
<input type="checkbox"/> Transfer Student <input type="checkbox"/> Visiting Student <input type="checkbox"/> Veteran <input type="checkbox"/> International Student	Semester applying:
Institution Transferring/Visiting From:	Received Accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Type of Disability (check all that apply):</b> <input type="checkbox"/> Learning Disability <input type="checkbox"/> Visual Impairment or Blindness <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Mobility Impairment <input type="checkbox"/> Psychological/Psychiatric disability <input type="checkbox"/> Neurodevelopmental Disorders <input type="checkbox"/> Seizures (Epilepsy) <input type="checkbox"/> Neurological Impairments (polio, cerebral palsy, stroke, etc.) <input type="checkbox"/> Medical Condition <hr/> <input type="checkbox"/> Other (describe)	<b>Common Requested Accommodations:</b> <i>Please note: Requesting accommodations <u>does not guarantee</u> you will be approved for them. Leave blank if not sure.</i> <input type="checkbox"/> Extended time on assignments <input type="checkbox"/> Extended time on quizzes/exams <input type="checkbox"/> Use of a Note-taker <input type="checkbox"/> Reduced Distraction Testing Location <input type="checkbox"/> Use of a laptop/computer to type up assignments <input type="checkbox"/> Alternate Format Text (electronic versions of textbooks) <input type="checkbox"/> Use of a reader for exams <input type="checkbox"/> Use of tape recorders for lectures <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Other accommodation(s) seeking:
Office Member Completing Form:	<b>Approved Accommodations:</b> 1.  2.  3.  4.  5.  6.  7.  8.  9.  Approved accommodations applicable to the CPT? Label accommodations for the CPT with an asterisk. <input type="checkbox"/> Yes <input type="checkbox"/> No
Request Form Submission Date:	
Intake Appointment Date:	
Intake Modality:	
Campus location: <input type="checkbox"/> JSQ <input type="checkbox"/> North Hudson	
Documentation Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No  1.  2.  3.  4.  5.	