

Application to Renew Services

The College of Idaho Learning Support and Disability Services Department

Name _____ Date _____

School Address _____ ID# _____

Local or Cell # (_____) _____ - _____ E-mail _____ @ _____

(one you check often)

Major _____ Latest C of I GPA _____ Class Standing Fr So Jr Sr

The last time my file with the LSDS Department was active was __Fall __Winter __Spring
20____ (year).

Explain any changes in your situation/needs _____

Release of Information for College of Idaho campus

I have truthfully completed the information contained in this application to the best of my ability. I understand that this information will be used as part of an assessment of my intellectual, psychological, and physical abilities. I understand that by requesting disability support services I am not guaranteed an accommodation or that this process will result in the diagnosis of a disability. I understand I must request specific accommodation(s) for each of my classes and supply the Learning Support and Disability Services Department with information about my classes and professors each semester. Accommodations will be determined by the Director of Learning Support and Disability Services in collaboration with the student and professors, and after consideration of documentation and of my individual needs. **I authorize the Director of the Learning Support and Disability Services Department to disclose appropriate information with those on campus who have a legitimate safety and educational need to know.** I also authorize those individuals to relate to the Director of Learning Support and Disability Services of my progress through their services.

Signature _____ Date _____

Witness (please print name)

Witness signature

Date

Learning Support and Disability Services adheres to the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPPA)