



# BRUNSWICK

COMMUNITY COLLEGE

Dear Student,

Thank you for coming to the Office of Disability Resources. Brunswick Community College recognizes its responsibility under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, to provide equal access to students with special needs. Title IV of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act (the “Disability Laws”) require that no qualified individual with a disability be excluded from participation in or be denied the benefits of any Brunswick Community College’s services, programs, or activities on the basis of his or her disability

Students are requested to make applications for services in advance of the semester in which they plan to enroll. Students with special needs are also encouraged to participate in college-related activities and special services may be provided for these functions when requested.

1. Information to be provided. When making an accommodation request, you should provide to the Disability Services Office any official documentation about your disability and appropriate accommodations that will be necessary or helpful to the College in making its determination.
2. Accommodation Determination. The College will make every effort to provide you with your requested accommodation or with an accommodation that will be equally effective in provided access to the particular services, program or activity, taking into consideration the nature of the services, program or activity and the financial resources and administrative obligations of the College. The Disability Laws permit the College to deny a requested accommodation if it would result in a fundamental alteration in the nature of a service, program, or activity or if it would create undue financial and administrative burdens to the College.
3. Denial of an Accommodation Request. If the College determines that a requested accommodation would result in a fundamental alteration in the nature of a services, program, or activity provided by the College or would create undue financial and administrative burdens for the College, it will deny the accommodation request. You will receive a written notice of any denial of an accommodation detailing the reasons for the College’s determination.
4. Confidentiality. The College will make every effort to maintain as confidential all accommodation requests and information it received about your disability. College instructors and other personnel have been instructed to inform only those persons who need to know of a request accommodations and of the circumstances surrounding that request

Julie Olsen  
Disability Resources & Student Life Director  
Brunswick Community College  
PO Box 30  
Supply, NC 28462  
910-755-7338  
910-754-9609 FAX



## Disability Support Services Registration & Intake Form

Last Name	First Name	Mi
Today's Date	Student ID#	Birthdate
Street Address		
City	State	Zip
Phone	Email	

**Academic Standing**

- Not Enrolled
- Re-Admit (Former student that was not enrolled previous semester)
- Pre-College
- College-Level Student
- Continuing Education Student
- Other (please explain)

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- College Level Credits Completed
- Pre-College Level Credits Completed
- Intended Program of Study \_\_\_\_\_

**Reason for Visit:**

- I have a disability with supporting documentation
- I think I may have a disability
- I am having academic difficulties

If you have a disability or believe you do, please indicate the type below (check all that apply):

- ADHD/ADD     Hard of Hearing     Psychological     Deaf
- Brain Injury     Health     Speech     Other Physical
- Cognitive     Learning     Temporary     Other
- Deaf & Blind     Orthopedic     Visual    \_\_\_\_\_

Do you require the use of the following?

“Brunswick Community College does not discriminate on the basis of race, religion, color, national origin, gender, age, political affiliation, genetic information, sexual orientation or disability.”



## Consent for Release of Confidential Information

Name of Student \_\_\_\_\_ ID # \_\_\_\_\_

I authorize the following individuals/organizations to share information in my files:

BCC Faculty/Staff  
 Parent(s) \_\_\_\_\_  
 Vocational Rehabilitation  
 Other \_\_\_\_\_

This information may include the following:

Psychological Evaluation/Testing Information  
 Coordination of Services with Vocational Rehabilitation  
 Disability information and functional limitations  
 School related information  
 Other \_\_\_\_\_

I understand that my records are confidential and cannot be disclosed without my written consent. This consent can be revoked at any time.

Accommodations Requested:

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Release of Information

I, (Student) \_\_\_\_\_, hereby authorize the release of the following information for the purpose of determining my eligibility for academic accommodation, based on the federal guidelines for the definition of a disability. If you have any questions, please contact the Disability Services Office, Brunswick Community College, P.O. Box 30, Supply, NC 28462. Phone 910-755-7338 Fax 910-754-9609.

Date \_\_\_\_\_ Signature of Student \_\_\_\_\_ ID# \_\_\_\_\_

Julie Olsen  
Disability Services Office

Diagnosis: \_\_\_\_\_

How long has your patient retained this diagnosis? \_\_\_\_\_ year(s)

What percentage of the time is your patient unable to perform a major life activity (i.e. learning, manual tasks, seeing, hearing, walking, breathing)?

Activity	% of incapacitation	% of time incapacitated
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list appropriate accommodations needed to accompany the student:

Activity	Accommodation(s) suggested
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_ Physician's comments continue on reverse side of this form.

Thank You!

Physician's Name \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

# BRUNSWICK COMMUNITY COLLEGE

## Release of Information

I, (student) \_\_\_\_\_, am requesting accommodations from Disability Services at Brunswick Community College on the basis of a psychological disability. By current definition, a psychological disability is coded on DSM IV Axis I or II as moderate to severe, with a Global Assessment of Functioning (GAF) score of 60 or below, and interferes with major life functions. To qualify for accommodations, BCC will need verification now and each 12 months for which services are requested. I request that you complete all sections of this form, and submit findings and recommendations to Disability Services, Brunswick Community College, P.O. Box 30, Supply, NC 28462. Phone 910-755-7338 Fax 910-754-9609

\_\_\_\_\_ Date                      \_\_\_\_\_ Signature of Student                      \_\_\_\_\_ ID# or last 4 of Social Security Number

Julie Olsen

Disability Services Office

1. DSM IV

AXIS I: \_\_\_\_\_  
Code \_\_\_\_\_  
AXIS II: \_\_\_\_\_  
Code \_\_\_\_\_  
AXIS III: \_\_\_\_\_  
Code \_\_\_\_\_  
AXIS IV: \_\_\_\_\_  
Code \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Frequency of office visits: \_\_\_\_\_

What is the prognosis and what percent of recovery is expected? \_\_\_\_\_

2. Is your patient ready to and capable of participating in this rigorous academic environment?

3. Does this condition interfere with one of the following major life activities?

\_\_\_\_ Walking                      \_\_\_\_ Hearing                      \_\_\_\_ Seeing  
\_\_\_\_ Working                      \_\_\_\_ Learning                      \_\_\_\_ Manual Tasks                      \_\_\_\_ Concentration

4. What percentage of time (PIT) is your patient unable to perform the major life activity(ies) and what is the percentage of functioning (PIF) lost or seriously impaired (0 to 100%)?

Activity	PIT	PIF
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %

5. Please describe the functional limitation and/or behavioral manifestations (e.g. easily distracted, poor concentration, difficulty formulating and executing plan of action, difficulty coping with unexpected obstacles, panics in unfamiliar surroundings and situations, etc.) and recommendation you have prescribed:

Behavior	Recommendation
_____	_____
_____	_____
_____	_____
_____	_____

6. Please list any medications prescribed and the expected side effects, especially on cognition and learning activities:

Medication	Side Effects
_____	_____
_____	_____
_____	_____

7. Please disclose information you have concerning this student's intellectual capabilities. Please include a copy of any psychological/educational reports for our review.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle one:    Physician    Psychiatrist    Psychologist    Other: \_\_\_\_\_

Providers Name \_\_\_\_\_ Title \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**FERPA**  
**Authority to Release Information/  
Proxy Access Request**

Return Form To: Student Services, Building A.

<b>Student Information</b>		College ID#: _____	
Last _____ First _____ MI _____ Date of Birth _____			
<b>FERPA Consent.</b> Person to whom you authorize BCC to release information. This authorization <b><u>does not</u></b> grant person(s) Power of Attorney to act on your behalf.			
<b>Relationship to student (Circle One): P=Parent, G=Guardian, S=Spouse, O=Other</b>			
Last _____ First _____ MI _____		<b>P G S O</b>	
Last _____ First _____ MI _____		<b>P G S O</b>	
<b>Valid For:</b>			
<input type="checkbox"/> Limited Use: Authorization expires on _____.			
<input type="checkbox"/> Long Term Use: This authorization remains in effect until I withdraw this authorization in writing.			
<b>Proxy Authorization.</b> Person(s) to whom you authorize BCC to access your Self-Service portal. Once the proxy account is established, the student must grant proxy permissions within Self-Service. The student may turn-off proxy at any time.			
OPTIONAL	Last _____ First _____ Middle Name _____ Date of Birth _____		
	Relationship to student: _____ Email: _____ Phone: _____		
	Address _____ City _____ State _____ Zip _____		
	Has the proxy ever attended or worked at BCC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Last _____ First _____ Middle Name _____ Date of Birth _____		
	Relationship to student: _____ Email: _____ Phone: _____		
	Address _____ City _____ State _____ Zip _____		
	Has the proxy ever attended or worked at BCC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily.		
	X _____	_____	
Student's Signature	Date		
<b>For Registrar Office Use Only</b>			
<input type="checkbox"/> BIO <input type="checkbox"/> ADR <input type="checkbox"/> PREL    Proxy/Student ID: _0 _____			
Processed by: _____ Date: _____			
Comments: _____			



# Parent/Guardian/Third Party Proxy Access Request

BCC Proxy provides students with the ability to grant permission to their parents, guardians or other third party members to view certain pages of information currently available in their Self-Service account. This includes complete or selected access to general notifications, grades, financial aid, payment, and tax information. To request proxy access, the student must complete and submit a FERPA Authority to Release Information/Proxy Access Request form to Student Services, Registrar's office, Building A.

## Students:

1. Complete a "FERPA Authority to Release Information/Proxy Access Request" form and submit it to the Registrar's office located in Building A
2. Once the Registrar's office has processed your request, you will see the name of the person you requested proxy authorization within your Self-Service account

To grant Proxy access:

1. Log in to Self-Service
2. In the top right corner, click on your student username
3. From the drop-down menu select "View/Add Proxy Access"
4. Select the name which you wish to grant access
5. Choose the level of access you wish to grant, i.e. Complete Access or Select Access.
6. Place a checkmark to authorize the request and click "Submit"

Once you click Submit, the Self-Service system will send an Email to your proxy at the Email address provided to provide their login information.

## Parent/Guardian/Third Party:

If a BCC student has granted you proxy access to his/her student information, you will receive two emails. The first Email will provide you with your username and the second Email will provide a temporary password.

Follow these steps to log into the student's Self-Service account:

1. Go to [www.brunswickcc.edu](http://www.brunswickcc.edu), click MyBCC, and select the Self-Service icon
2. Enter the Username and Password provided to you in the emails you received
3. If prompted, click on the account name you wish to view
4. Select Continue

If you have questions about parent/guardian access and Proxy, please contact the Registrar's Office at [bccregistrar@brunswickcc.edu](mailto:bccregistrar@brunswickcc.edu)