

## Access Services Application

### STUDENT INFORMATION

Last Name:	First Name:	Middle Initial:	Campus: <input type="checkbox"/> Brooklyn Park/LECJEC <input type="checkbox"/> Eden Prairie	
Mailing Address:		City:	State:	Zip:
Student's Email Address:		Date of Birth (mm/dd/yyyy):	Star ID or Tech ID:	
Phone Number: <input type="checkbox"/> Messages can be left at this phone number		Cell Phone: <input type="checkbox"/> Messages can be left at this phone number		

### EDUCATION

High School Attended:	Support Services Used in High School:
Post-Secondary School Attended:	Support Services Used in Previous Post-Secondary School
Outcome of Previous Post-Secondary Experience (if applicable):	
Intended HTC Program/Award:	

### DISABILITY & ACCOMMODATIONS

Nature of Disability:
Description of Documentation:
Services/Accommodations Requested: <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Note Taker <input type="checkbox"/> Testing – Extra Time <input type="checkbox"/> Audio Record Lectures <input type="checkbox"/> Preferred Seating <input type="checkbox"/> Testing – Quiet Place <input type="checkbox"/> Laptop to Take Notes <input type="checkbox"/> Test Reader <input type="checkbox"/> Other
Notes:

### SELF ADVOCACY

How comfortable are you asking for help when you need it?	
Perceived Strengths:	Perceived Barriers:

### AGENCY SUPPORT

Are you a client of an agency? (check all that apply): <input type="checkbox"/> Rehabilitation Services <input type="checkbox"/> Other: <input type="checkbox"/> Human Services			
Counselor Name:	Address	Phone:	Email:

## ACCESS SERVICES CONSENT TO RELEASE INFORMATION

Last Name:	First Name:	Middle Initial:	Campus: <input type="checkbox"/> Brooklyn Park/LECJEC <input type="checkbox"/> Eden Prairie
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I authorize the release of the information designated below to:

Contact Name:	Title:	Organization/Agency:
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Information to be released (check all that apply):

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Accommodations         | <input type="checkbox"/> Comments from the student | <input type="checkbox"/> Test scores |
| <input type="checkbox"/> Attendance             | <input type="checkbox"/> Financial aid             | <input type="checkbox"/> Other       |
| <input type="checkbox"/> Comments from teachers | <input type="checkbox"/> Grades                    |                                      |

Indicate the specific reason for which the information is being released:

- The information released is to be used by the agency's personnel for the sole purpose for which the disclosure was made, and the information is not to be disclosed to any other party without prior written consent.
- I have been informed of my right to release the information.
- I understand that I may revoke this consent upon written notice (not retroactive).

## DATA PRIVACY NOTICE TO STUDENTS

Hennepin Technical College, referred to as HTC in this document, is asking you to provide information that includes private information under State and Federal law. HTC is asking for this private information so that HTC can process your request for disability services.

This information will be used to evaluate your request and to help HTC determine whether you are eligible for services.

You are not legally required to provide the information HTC is requesting and you may refuse to provide some or all of the information requested. However, HTC may not be able to process your request if you do not provide sufficient information.

With some exceptions, unless you consent to further release of private information, access to this information will be limited to individuals involved in the disability services process. However, federal and state laws do authorize release of private information without your consent to:

- other school officials, including faculty within HTC, who have legitimate educational interests in the information;
- other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- the federal Comptroller General or other federal, state or local education officials for purposes of program compliance, audit or evaluation;
- as appropriate in connection with your application for, or receipt of, financial aid;
- the juvenile justice system, if you are a juvenile, and the information is necessary, prior to adjudication, to determine the juvenile justice system's ability to serve you;
- an alleged victim of sexual assault, if you are the alleged perpetrator of the assault, and the release is of the results of a disciplinary proceeding against you related to the alleged crime;
- your parents, if your parents claim you as a dependent student for tax purposes;
- a court, grand jury, or state or federal agency, if the information is sought with a subpoena;
- an institution engaged in research for an educational institution or agency related to testing, student aid, or improved instruction;
- an accrediting organization in connection with its accrediting functions;
- appropriate persons in connection with an emergency, if necessary to protect your health or safety or the health or safety of others;
- if required by a court order, or permitted by other state or federal law.

By signing below, I:

- Certify that all the information provided on this application is true and correct
- I have read and understand the information in the Data Privacy Notice
- Authorize the release and exchange of my information as indicated in the application above
- Understand that the completion of this application does not guarantee disability services will be provided

Student Signature:	Date:
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