

BUTLER COUNTY COMMUNITY COLLEGE

Application/Registration for Disabled Student Services

Complete (please print or type) and return to:

MAIN/CRANBERRY/BROCKWAY/ARMSTRONG

ATTN: Greg Mason, DSS Coordinator
P. O. Box 1203
Butler, PA 16003-1203

LINDENPOINTE or LAWRENCE CROSSING

ATTN: Jennifer Loue, Assistant DSS Coordinator
3182 Innovation Way or 2849 W. State St.
Hermitage, PA 16148 New Castle, PA 16101

NOTE: This is not an application for admission to Butler County Community College (BC3) for either credit or non-credit enrollment. You must apply for admission to the College separately, but you are not required to apply for admission to explore the services and accommodations that may be available to you as a person with a disability enrolled at BC3. However, to explore those services and accommodations, you must complete and sign this application and submit appropriate documentation of your disability. **Documentation should be submitted to the address listed above, and can be submitted separately. DOCUMENTATION GUIDELINES ARE ATTACHED.** An appointment with the Disabilities Coordinator to review your documentation and to discuss possible accommodations is also **strongly** recommended.

BASIC INFORMATION

BC3 Student ID#: _____

OR

Social Security #: _____ - _____ - _____

Date of Application: _____ / _____ / _____

Applicant Name: _____ (Last) _____ (First) _____ (MI)

PERMANENT ADDRESS:

Street: _____ Box#: _____ Apt. #: _____

City: _____ State: _____ Zip code: _____

Telephone (Home): (_____) / _____ / _____ Cell Phone: (_____) / _____ / _____

Email address: _____

LOCAL ADDRESS: (if different from Permanent Address)

City: _____ State: _____ Zip Code: _____

ENROLLMENT INFORMATION

New student Currently enrolled at BC3 Readmitting at BC3 Transfer Student

Expected starting date: Fall 20____ Spring 20____ Summer 20____

Where will you attend classes? Butler Cranberry Lawrence Crossing
(you may check more than one)

Lindenpointe Upper Alleghenies Brockway

Online Other (explain) _____

Are you planning to take CREDIT CLASSES, NON-CREDIT CLASSES, or BOTH? (Circle ONE)

Have you already officially applied for admission to BC3? Yes No

What is your intended program of study or major? (if unsure, list areas of interest)

List high schools, trade schools, colleges, or universities previously attended, if any:

DIAGNOSED DISABILITY: please indicate the nature of your disability (you may check more than one category)

- Learning Disability
 - ADD/ADHD
 - Visually Impaired/Blind
 - Hearing Impaired/Deaf
 - Chronic Health/Medical Condition
 - Brain Injury
 - Mental Health/Psychological Disability
 - Physically Disabled but independently ambulatory
 - Physically Disabled, not self-ambulatory (e.g., wheelchair-user)
 - Temporary Medical Diagnosis
- Other (specify, or comment on above): _____

CONFIDENTIALITY OF DSS OFFICE FILES AND RECORDS & ACKNOWLEDGEMENTS

By signing below, I grant permission for the Disabilities Student Services (DSS) Office staff to access college academic and financial records, to maintain files, and to communicate with faculty and other college personnel as related to: my enrollment in classes at the college, coordination of reasonable accommodations, and/or maintaining DSS Office statistics and reports. All such communications are conducted on a need-to-know basis and/or in accordance with existing privacy and confidentiality laws. I understand that it is my responsibility to request accommodations and to follow the guidelines and procedures for accessing and using those accommodations, and that I must provide the DSS office with appropriate documentation of my disability in order to qualify for accommodations.

(Student/Prospective Student Signature Required)

_____/_____/_____
(Date)

PERMISSION TO SPEAK TO OTHERS ABOUT YOUR COLLEGE RECORDS & PROGRESS

Students or prospective students who wish to grant the Disability Services staff permission to speak with their parents, guardians, spouses, or other trusted individuals may also choose to complete a BC3 FERPA-Buckley Amendment Waiver Form . If you wish to complete this form, please ask Disability Services staff to provide you with it at the time of your appointment. **Completion of the Buckley Amendment Waiver Form IS NOT REQUIRED.**

OFFICE USE ONLY: Date received: _____

By: _____

July 2015

Notes: _____
