

# Alcorn State University

## Disability Services: A Division of Student Affairs



### Universal Symbols

### Mission

Our mission is to provide academic accommodations and support services, within the resources of the University, which will ensure students with disabilities the opportunity to competitively pursue a college education, limited only by their abilities, not their disabilities.

Alcorn State University is committed to following the Section 504 of the Rehabilitation Act of 1973 and Title II of the American with Disabilities Act (ADA) signed into law in 1990, which prohibits discrimination on the basis of disability.

### Location

We are located in the Rowan Hall Health Services Center, next door to the E.E. Simmons Gymnasium, 1000 ASU Drive #779, Alcorn State, MS 39096. We are here to provide optimum services for our students.

Welcome to Alcorn, the staff of Disability Services looks forward to meeting you.

### More Information about Disability Services at the University

Visit our website at [www.alcorn.edu](http://www.alcorn.edu)

1. Click on the Health and Disability Services link near bottom of homepage.
2. Click on the Disability Services link.

### Questions

We are happy to help you.

Call (601) 877-6460 or Fax (601) 877-2340

## Confidentiality

Disability Services staff respect the confidential nature of disability information, whether conveyed verbally or in writing. Students can authorize Disability Services to release pertinent information about disability needs to campus individuals when there is a legitimate educational interest to do so this could relate to housing arrangements, academic accommodations, instructional strategies and resources, or other circumstances specific to the individual.

Documentation materials and other information about disability-related matters are housed in Disability Services offices. A disability designation does not appear on transcripts or other master university documents, and Disability Services files are not integrated with computerized university records.

Professors are regularly apprised of the confidential nature of disability information shared with them. Accommodation Letters for professors, prepared by the Director of Disability Services and the student with a disability, do not give diagnoses unless requested by the student. They describe the impact or impairments caused by the disability and the corresponding accommodations that are recommended.

## Rights & Responsibilities Related to Academic Accommodations

Eligible students and staff have rights and responsibilities related to reasonable accommodations in a post-secondary setting. The process requires collaboration among these groups.

***Students*** must provide their documentation to Disability Services, initiate the request for services and/or accommodations in a timely manner, follow established Disability Services policies and procedures, communicate with faculty regarding approved accommodations, and work with their disability specialist as needed.

***Faculty*** must provide accommodations as noted in the letter from Disability Services, refer students to Disability Services when necessary, and confer with Disability Services regarding essential components of a course, concerns about exam proctoring, or other disability related issues.

***Disability Services*** must respond in a timely manner to students who request services and/or accommodations, determine reasonable accommodations, provide accommodations to qualified students, monitor the university's compliance with disability matters regarding students, and continue a collaborative partnership with faculty and administration in meeting the needs of students.

## **Accommodations, Assistance, & Information for Students**

Alcorn State University is committed to following the American with Disabilities Act (ADA). Signed into law in 1990, the Americans with Disabilities Act is the nation's first comprehensive civil rights law for people with disabilities.

### **Eligibility/Intake Process**

1. Students must identify themselves to the Disability Services Office.
2. Applications are available at the Department of Health & Disability Services located in the Rowan Hall Health Services Center or via the University's website homepage at [www.alcorn.edu](http://www.alcorn.edu).
3. Provide the Office of Disability Services with documentation of your disability. Until the appropriate documentation is provided, Disability Services cannot support a student's request for services.
4. Return or mail the completed application to:

**Department of Health & Disability Services  
Rowan Hall Health Services Center  
1000 ASU Drive, 779  
Alcorn State, MS 39096**

**Fax: 601-877-2340**

5. Contact Disability Services at 601-877-6460 to schedule an appointment.

### **\*\*Important Notice for Students Currently Served through Disability Services\*\***

**Each student who wishes to continue to be served by Disability Services must pick up their Notification of Disability letters each semester. If the Notification of Disability letters are not picked up by the student, his/her file will be closed.**

## Universal Symbols

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*Not everybody is fully able. Some people are born with disabilities, others acquire them due to injury, and anyone who lives long enough will likely acquire a disability of some sort. These people want, need, and deserve access to our communities.*



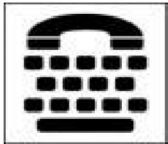
### **Access for Individuals Who Are Blind or Have Low Vision**

This symbol may be used to indicate access for people who are blind or have low vision, including: a guided tour, a path to a nature trail or a scent garden in a park; and a tactile tour or a museum exhibition that may be touched. (For other than Print or Braille)



### **Symbol for Accessibility**

The wheelchair symbol should only be used to indicate access for individuals with limited mobility including wheelchair users. For example, the symbol is used to indicate an accessible entrance, bathroom or that a phone is lowered for wheelchair users. Remember that a ramped entrance is not completely accessible if there are no curb cuts, and an elevator is not accessible if it can only be reached via steps



### **Telephone Typewriter (TTY)**

This device is also known as a text telephone (TT), or telecommunications device for the deaf (TDD). TTY indicates a device used with the telephone for communication with and between deaf, hard of hearing, speech impaired and/or hearing persons.



### **Volume Control Telephone**

This symbol indicates the location of telephones that have handsets with amplified sound and/or adjustable volume controls



### **Assistive Listening Systems**

These systems transmit amplified sound via hearing aids, headsets or other devices. They include infrared, loop and FM systems. Portable systems may be available from the same audiovisual equipment suppliers that service conferences and meetings



### **Accessible Print (18 pt. or Larger)**

The symbol for large print is "Large Print" printed in 18 pt. or larger text. In addition to indicating that large print versions of books, pamphlets, museum guides and theater programs are available, you may use the symbol on conference or membership forms to indicate that print materials may be provided in large print. Sans serif or modified serif print with good contrast is important, and attention should be paid to letter and word spacing



### **Sign Language Interpretation**

The symbol indicates that Sign Language Interpretation is provided for a lecture, tour, film, performance, conference or other program.



### **The Information Symbol**

The most valuable commodity of today's society is information; to a person with a disability it is essential. For example, the symbol may be used on signage or on a floor plan to indicate the location of the information or security desk, where there is more specific information or materials concerning access accommodations and services such as "LARGE PRINT" materials, audio cassette recordings of materials, or sign interpreted tours



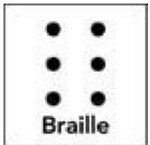
### **Closed Captioning (CC)**

TV sets that have a built-in or a separate decoder are equipped to display dialogue for programs that are captioned when selected by the viewer. The Television Decoder Circuitry Act of 1990 requires TV sets (with screens 13" or larger) to have built-in decoders as of July, 1993. Also, videos that are part of exhibitions may be closed captioned using the symbol with instruction to press a button for captioning.



### **Opened Captioning (OC)**

This symbol indicates that captions, which translate dialogue and other sounds in print, are always displayed on the videotape, movie or television program. Open Captioning is preferred by many including deaf and hard-of-hearing individuals, and people whose second language is English. In addition, it is helpful in teaching children how to read and in keeping sound levels to a minimum in museums and restaurants



### **Braille Symbol**

This symbol indicates that printed material is available in Braille, including exhibition labeling, publications and signage



### **Audio Description**

A service for persons who are blind or have low vision Audio Description makes the performing arts, visual arts, television, video, and film more accessible. Description of visual elements is provided by a trained Audio Describer through the Secondary Audio Program (SAP) of televisions and monitors equipped with stereo sound. An adapter for non-stereo TVs is available through the American Foundation for the Blind, (800) 829-0500. For live Audio Description, a trained Audio Describer offers live commentary or narration (via headphones and a small transmitter) consisting of concise, objective descriptions of visual elements: i.e., a theater performance or a visual arts exhibition



### **Ramps**

Ramps are essential for wheelchair users if elevators or lifts are not available to connect different levels. However, some people who use walking aids have difficulty with ramps and prefer stairs. Although ramp slopes between 1:16 and 1:20 are preferred the rule of thumb for constructing a ramp is 12" of length for every inch of rise. The ability to manage an incline is related to both its slope and its length. Wheelchair users with disabilities affecting their arms or with low stamina serious difficulty using inclines. In fact many ambulatory people and most people who use wheelchairs can manage a slope of even 1:16

## **Permanent & Temporary Medical Conditions:**

### **Injuries, Surgeries, or Illnesses**

Alcorn State University will serve students with permanent and temporary medical conditions. A temporary medical condition such as injuries, surgeries, or acute illnesses does not qualify as a disability and is not covered under the Americans with Disabilities Act (ADA) of 1990 or under Section 504 of the Rehabilitation Act because the extent, duration, and impact of the condition are not permanent. However, the University recognizes that temporary medical conditions can occur during the school year and may adversely affect a student's ability to fully participate in classes. Below are strategies and resources for finding needed support during a difficult time.

### **Proof of Medical Condition/Injury:**

Ask your doctor or medical provider what to expect regarding your condition relating to the severity of your condition, impact on your mobility, ability to care for yourself as well as the impact on your ability to attend classes and keep up with your academic workload. Obtain a dated letter from your doctor or medical provider who can provide information about your condition or injury. Information about the duration and limitations of your condition should be included. You may need to distribute copies of this letter to campus staff (e.g., Professors, Financial Aid, Disability Services, Residence Life, etc.).

### **Contact Your Professors:**

Your professors are your most important allies. Keep them informed of difficulties you may face (e.g., getting to class on time, seating, extra space to store crutches or other implements, need for note takers, additional time or scribes for exams).

### **Attendance and Academic Performance:**

Be aware that decisions regarding class attendance, and making up missed work is at the discretion of your professors.

- Talk with your professors about your situation and determine what agreements can be reached about the classes you are going to miss or have already missed.
- When you return to class, make sure to speak with your professors and teaching assistants and find out about any missed work or assignments.
- If you missed or will miss the assignment deadlines, try to work out an agreement with your professors about time extensions.
- Discuss how you might make up for any class participation or labs required. There may be other sections of the same class that you can attend in lieu of the one in which you are registered.
- If you missed a quiz/test/exam/assignment, consult with your professor as soon as possible. Remember professors have deadlines for posting student grades.
- Allow additional time in your schedule for schoolwork and rehabilitation.
- Consider reducing your course load.
- If your condition has caused you to miss a major part of the semester, discuss this with your professors. It may be necessary withdraw or to request an incomplete.

## **Class Notes:**

If you cannot write due to a hand or arm injury, find a student in your class who is willing to take notes for you. There are several ways to work out the logistics.

- Disability Services can provide you with carbonless notepaper (at no charge). Your note taker can take notes as usual, using this paper, and give you a copy immediately after class. Disability Services office is located in Rowan Hall Health Services Center. You can also ask for a photocopy of your classmate's notes for any missed classes.
- If you cannot find a note taker yourself, ask your professor to find you a volunteer from the class.
- Get permission from your professor to tape record lectures.

## **Written or Typed Assignments:**

Find a volunteer, friend, or family member to write or type your assignment. If this is not possible, you may have to hire an assistant to assist you.

## **Exam:**

Depending on your specific needs, below are some strategies for taking exams. You should discuss your needs with your professors:

- Complete multiple-choice portions of exams by placing a mark next to your selected answer directly on the exam rather than on a Scan-tron sheet.
- Request additional time to complete your exam. Do this before the day of the exam.
- Get permission to take rest breaks during your exams.
- Tape-record your answers.
- For exams that requires use of your hands such as science lab experiments or projects, ask for permission to orally describe what you would do, why you would do it, what you observe, etc.
- Use a scribe (provided by your professor or Disability Services).

If your professor is not able to accommodate you with additional time or a scribe, you or your professor may contact Disability Services at 601-877-6460.

## **Field placements/Professional Practicum:**

If you are scheduled to go out on a field placement experience or practicum during your recuperation, contact the appropriate faculty advisor to discuss your situation.

## **Campus Accessibility:**

**Listed are buildings with accessible entrances, restrooms and/or elevators for individuals with mobility or physical impairments.**

Clinton Bristow Dining Facility	David L. Whitney HPER Complex
Rowan Hall Health Services Center	Walter Washington Administrative Building
Campus Police & Fire Station	J.D. Boyd Library
Simmons Industrial Tech Building (1 <sup>st</sup> Floor)	Math & Science Building
Oakland Memorial Chapel	James L. Bolden Campus Union
Fine Arts Building	E.E. Simmons Gymnasium
Financial Aid Building	Bowles Hall
Jacks Spinks Stadium	Agricultural Science Building
Agricultural/Biotech Building	Honors Residence Hall
Revels Hall	New Student Housing Complex

## **Wheelchair and Scooter Rentals:**

CDS Home Care  
1911 Mission 66 Vicksburg  
Vicksburg, MS 39810  
601-883-2999

## **Hometown Medical:**

814 Belmont Street  
Vicksburg, MS 39810  
601-634-6363

## **Transportation:**

Shuttle services are available on campus. You may contact the Transportation Supervisor at 601-877-3958 for assistance.

## **Parking:**

For information regarding campus parking, please contact Parking Services at 601-877-6822.



## Transition from High School to University

Students with disabilities often face additional transitional changes at the post-secondary level.

	<b>High School</b>	<b>University</b>
PRIMARY LEGISLATION	Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973.	Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990.
ASSESSMENT	School conducts assessment and provides student with documentation of disability.	Student must provide current documentation of disability by a qualified professional.
SERVICES AND MEETINGS	School initiates services and sets up meetings for student (e.g., IEP, 504).	Student initiates requests for services, accommodations, and meetings with University staff.
EDUCATIONAL GOALS	School often creates and monitors progress for student.	Student develops and monitors own progress.
COURSE WORKLOAD	May be modified.	Will not be modified.
HOMEWORK	May consist of one to two hours of study time per day, much of it done in class.	Student can expect to study two to three times the number of hours spent in class per week.
READING	Requirements for classes may be done with minimal outside work	College is a reading-intensive environment— analytical skills are required.
ACCOMMODATIONS	Determined by broader educational and legal mandates	Determined by impact of disability, qualified individual and essential components of course.

## **Requests for University Housing Accommodations Based on Disability-Related Needs**

Alcorn State University residence halls provide a living environment that allows students access to the campus and its facilities. In compliance with the Americans with Disabilities Act of 1990 (ADA), Alcorn State recognizes that students with disabilities may have special housing needs, therefore a variety of living options are available to these students.

It is the responsibility of the student with a disability to complete a Housing Application and make specific housing needs known to the Department of Residence Life and Department of Health & Disability Services at least three (3) to six (6) weeks prior to the opening of the halls each semester. Failure to submit a complete request by the designated deadline may result in a delay of the requested accommodation. Late requests may also result in limited availability of housing options.

Requests for accommodations are made through the Office of Disability Services located in the Rowan Hall Health Services Center. Forms and supporting materials may be picked up for completion in the Center, or requested via phone or fax.

No accommodations will be considered without a complete Department of Residence Life Housing Application, Request for Housing Accommodations Application, and adequate medical documentation.

Return or mail the completed application to:

**Department of Health & Disability Services  
Alcorn State University  
1000 ASU Drive, #779  
Alcorn State, MS 39096  
Office: 601-877-6460  
Fax: 601-877-2340**

## **Disability Medical Documentation Guidelines**

Under the **Americans with Disabilities Act** and **Section 504 of the Rehabilitation Act of 1973**, individuals with disabilities have certain protection and rights to accommodation in colleges and universities. To evaluate requests for specific accommodations or auxiliary aids at Alcorn State University, thorough documentation of a disabling condition is needed. Documentation must be **recent** and include evaluation by an appropriate professional (who is not related to the person being evaluated) describing the current impact and limitations of the disability as it relates to the accommodation request. This standard of documentation also applies to requests for special housing arrangements due to physical or medical conditions that are disabling.

**The following guidelines are provided to assure documentation is adequate and appropriate to verify eligibility and to support request for accommodations or auxiliary aids. A legible report or letter, typed or printed on professional letterhead, dated and signed by a qualified professional.**

### **Disability documentation should include:**

- 1) A diagnostic statement identifying the disability/condition, date of the current diagnostic evaluation, and the date of the original diagnosis.
- 2) A description of the diagnostic criteria and/or diagnostic test(s) used.
- 3) A description of the current functional impact/limitations of the disability.
- 4) Treatments, medications, assistive devices/services currently prescribed or used.
- 5) A description of the expected progression or stability of the disability over the time frame of the individual's expected college education.
- 6) The credentials of the diagnosing professional(s) including the training and experience which enable the person capable of making the diagnosis (es).

**Accommodation recommendations from the diagnosing professional are helpful and will be given due consideration.**

After Disability Services receives a completed Request for Disability Accommodations Packet, the student will be contacted. All applicants will be evaluated on a case-by-case basis. If the documentation is incomplete or inadequate to determine the extent of the disability or reasonable accommodations, then Disability Services may require additional documentation.

Return or mail the completed application to:

Department of Health & Disability Services  
Alcorn State University  
1000 ASU Drive, #779  
Alcorn State, MS 39096  
Office: 601-877-6460  
Fax: 601-877-2340

## **Service/Assistance Animals**

Service animals often referred to as assistance animals are permitted to accompany a person with a disability everywhere on campus. For further information contact Disability Services at 601-877-6460.

## **Grievance Procedures**

Students are asked to contact the Director of Disability Services at 601-877-6460 for problems related to accommodations or other disability related services or treatment at Alcorn State University.

## **Follow-up and Evaluation of Services**

Disability Services will contact students to monitor and evaluate services rendered each semester. Students are expected to keep Disability Services updated on their current contact information. Faculty and staff should inform Disability Services as soon as possible about any problems with approved accommodations.

## **Americans with Disability (ADA) Syllabus Statement**

Any student who feels s/he may need an accommodation based on the impact of a disability should contact the Department of Health and Disability Services at (601) 877-6460 to discuss specific needs. Health and Disability Services is located in the Rowan Hall Health Services Center, 1000 ASU Drive, 779, Alcorn State, MS 39096. The Office of Health and Disability Services coordinates reasonable accommodations for students with documented disabilities.

## **Request for Academic and Residential Accommodations Checklist:**

### **New Applicants:**

1. New Applicants Packet (Pages 13 – 20)
2. Supporting Medical Documentation (See page 11)
3. Copy of Class Schedule
4. Make an Appointment with Director of Health & Disability Services
5. Renew Request for Accommodations Prior to Each Semester

### **Renewal Applicants:**

1. Renewal Applicant Packet (Pages 1 - 2)
2. Copy of Class Schedule
3. Complete Student Survey (Page 3)
4. Make an Appointment with Director of Health & Disability Services
5. Renew Request for Accommodations Prior to Each Semester

# ALCORN STATE UNIVERSITY

Department of Health & Disability Services  
Rowan Hall Health Services Center • 1000 ASU Drive, 779 • Lorman, MS 39096  
Office: 601-877-6460 • Fax: 601-877-2340

## REQUEST FOR DISABILITY ACCOMMODATIONS APPLICATION

(PLEASE PRINT)

**A New Application & Class Schedule Must Be Submitted Each Semester**

DATE: \_\_\_\_\_

Type of Accommodations:

New Applicant  Renewal Applicant

Academic  Housing

Term of request (check only one)

Fall \_\_\_\_\_  Spring \_\_\_\_\_

Summer I \_\_\_\_\_  Summer II \_\_\_\_\_

NAME: \_\_\_\_\_

ASU I.D.: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

COMPLETE HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

COMPLETE LOCAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LOCAL TELEPHONE #: \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

### CHECK ALL THAT APPLY:

Attention Deficit Disorder

Attention Deficit Hyperactive Disorder

Chronic Illness

Hearing Impairment

Learning Disability

Orthopedic Impairment

Psychological

Traumatic Brain Injury

Visual Impairment

Other \_\_\_\_\_

**FUNCTIONAL LIMITATIONS:**

*(Please select the extent to which you believe your diagnosed condition affects the following major life activities)*

<b>ACTIVITY</b>	<b>NONE</b>	<b>UNDETERMINED</b>	<b>MILD</b>	<b>SUBSTANTIAL</b>
Caring for oneself				
Talking				
Hearing				
Breathing				
Seeing				
Walking/Standing				
Lifting/Carrying				
Sitting				
Performing Manual Tasks				
Eating				
Working				
Learning				
Reading				
Writing/Spelling				
Calculating				
Memorizing				
Concentrating				
Listening				

**Describe the limitations of your disability.**

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**Describe the accommodations you are requesting.**

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**IN ORDER TO RECEIVE ACADEMIC AND RESIDENTIAL ACCOMMODATIONS THROUGH ALCORN STATE UNIVERSITY YOU MUST PROVIDE THE OFFICE OF DISABILITY SERVICES DOCUMENTATION THAT SPECIFIES YOUR DISABILITY.**

**STUDENTS ARE ENCOURAGED TO UPDATE THEIR REQUEST FOR ACADEMIC AND RESIDENTIAL ACCOMMODATIONS PRIOR TO EACH SEMESTER TO AVOID A DELAY IN RECEIVING SERVICES.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**\*Attach copy of class schedule**

**\*Remember to update request for accommodations each semester**

# AUTHORIZATION, CONSENT & RELEASE

**Alcorn State University  
Rowan Hall Health Services Center  
1000 ASU Drive, 779  
Alcorn State, MS 39096  
Office: 601-877-6460  
Fax: 601-877-2340**

Authorization must be signed by the patient, or by the nearest relative in the case of a minor, or when patient is physically or mentally incompetent.

ASU ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Provider/Facility: \_\_\_\_\_

Name & Address of Provider/Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office#: \_\_\_\_\_ Fax#: \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, the above-name patient at the above-named facility, hereby authorize the said facility to furnish such professional information, in accordance with the policy of the facility, as may be necessary for the completion of my patient care insurance claims by the above-named third party (health insurance carrier) from the medical records compiled during my present patient stay and hereby release the said facility from all legal liability that may arise from the release of the information requested.

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

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

\*I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services and treatment for alcohol and drug abuse.

\*I understand that this authorization is valid for 1 year, unless revoked by my written notice, provided said notice is received prior to release of the above designated information.

\*I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to receive treatment.

\*I understand that any disclosure of information carries with it the potential of an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about this disclosure of my health information, I may contact the Director of Health & Disability Services at 601-877-6460.

Alcorn State University  
Department of Health & Disability Services  
Phone# 601-877-6460  
Fax# 601-877-2340



## EMERGENCY EVACUATION CHECKLIST

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To be used for practice, drills, and actual emergencies

Today's Date \_\_\_\_\_ ASU ID# \_\_\_\_\_

Student Name \_\_\_\_\_

Off- Campus

On-Campus

Dorm Location \_\_\_\_\_ Room # \_\_\_\_\_

Room phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_

List type of assistance needed. (mobility, visual, hearing, cognitive/emotional/social)

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**Please provide a copy of your class schedule**



## Tape Recorded Lecture Procedure Form

Under Section 504 Postsecondary Education of the 1973 Rehabilitation Act and the Americans with Disabilities Act, institutions of higher education must provide reasonable accommodations to a student's known disability and may not deny equal access to the institution's programs, courses, and activities. Tape recording lectures is a reasonable accommodation. Students with documented disabilities have the right to record class lectures with either a tape recorder or digital recording device.

1. This is provided as an accommodation for the student's personal study only.
2. Lectures recorded for this purpose may not be shared with other people without the consent of the lecturer.
3. Recorded lectures may not be used in any way against the faculty member, other lecturers, or students whose classroom comments are recorded as a part of the class activity.
4. Information contained in the recorded lecture is protected under federal copyright laws and may not be published or quoted without the written consent of the lecturers and without giving proper identity and credit to the lecturer.
5. Posting videos and/or recordings on YouTube, Facebook, or other social media sites is considering sharing, and is prohibited without the expressed written consent of the lecturer.

I understand the Disability Services Recorded Lecture Procedure stated above, and agree to abide by the procedure while attending Alcorn State University.

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
ASU ID#

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disability Services Staff Signature

\_\_\_\_\_  
Date

# STUDENT CONSENT TO RELEASE INFORMATION TO PARENT (S), GUARDIAN, SPOUSE, OR OTHERS

**(Please Print)**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ASU ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Campus/Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**By signing below, I authorize the Alcorn State University Rowan Hall Health Services Center to release or discuss information regarding my Health Records.**

**We will not release a student's health records to anyone without a signed consent from the student.**

**Name of parent (s), guardian, spouse, or others that you wish to grant permission to:**

Name: \_\_\_\_\_ \*Last 4 digits of Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ \*Last 4 digits of Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ \*Last 4 digits of Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ \*Last 4 digits of Social Security Number: \_\_\_\_\_

**\*This information will only be used for identification purposes.**

**This authorization will remain in effect until revoked in writing.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Alcorn State University**

**Department of Health & Disability Services**

**RELEASE OF INFORMATION**

Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby give the Department of Health & Disability Services at Alcorn State University permission to obtain information that qualifies me for services from this program. Information that can be given to the Department of Health & Disability Services includes but no limited to: Financial Aid Records, Residential Reports, Grade Reports, Academic Performance, Medical, Psychological, Vocational and/or Education Reports. I understand that this information will only be used to assist me in my academic endeavors at Alcorn State University, and will remain confidential. I may choose to revoke this release at any time. I have been informed of my rights about confidentiality.

Last 4-digit of Social Security number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ASU ID#: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_

# ADA Student Survey

**How Are We Doing?**      **Term** \_\_\_\_\_

The Alcorn State University Department of Health & Disability ADA staff welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

**Are you aware and understand your role and responsibilities for requesting accommodations?**

No       Somewhat       Mostly       Yes

**Did you receive reasonable accommodations as requested?**

No       Somewhat       Mostly       Yes

**Did you receive accommodations in a helpful time frame?**

No       Somewhat       Mostly       Yes

**Has ASU's staff been cooperative in response to providing your accommodation?**

No       Somewhat       Mostly       Yes

**Were you satisfied with your accommodation plan?**

No       Somewhat       Mostly       Yes

**Has disability services helped you have a more equal educational opportunity as student's without disabilities?**

No       Somewhat       Mostly       Yes

**Would you refer a student with a disability to the ADA office?**

No       Somewhat       Mostly       Yes

**How knowledgeable was the staff with providing services to meet your academic accommodation plan?**

No       Somewhat       Mostly       Yes

**Do you feel ASU is a disability-friendly campus?**

No       Somewhat       Mostly       Yes

