

# RIVER PARISHES COMMUNITY COLLEGE

Office of Counseling Services  
P.O. Box 310 ♦ Sorrento, LA 70778 ♦ (225) 675-8270

## Application to Reactivate Accommodations

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Students who previously received accommodations at River Parishes Community College, are re-entering the College, and want to receive accommodations must complete this form. Please note that new disability documentation may be required. You will be notified by the Office of Counseling Services if current documentation is needed.

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### A. Student's Biographic and Contact Information

Note: For privacy reasons, all contact information entered below **must be the student's** contact information.

SS# \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street

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

Phone \_\_\_\_\_  
Home Work Cell

E-mail \_\_\_\_\_ Birth Date \_\_\_\_\_

Gender:  Male  Female

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### B. Disability Information

Disability Type (check all that apply)

ADD/ADHD  Blind/low vision  Upper body coordination

Learning  Speech  Acquired brain injury

Psychological  Mobility  Chronic Illness

Deaf/hard of hearing  Other \_\_\_\_\_

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continued on other side

Check the accommodations you think you may need.

Extended time on tests       Scribe       Tape recorder in class

Distraction-reduced Testing environment       Interpreter       Enlarged text (font size \_\_\_\_\_)

Volunteer note taker       Computer/spellchecker

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: The diagnostic documentation provided will be used to determine whether or not the accommodations marked above are appropriate and necessary.

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### C. Signature

By my signature below, I certify that I have read and understand the following:

- Information about my disability will be released to the Director of Counseling Services (or Disability Services Coordinator) and may be shared with RPCC officials and employees for the purpose of coordinating accommodations and services.
- In addition to completing this application and prior to receiving services, I may be required to provide **current and comprehensive documentation**\* of my disability, which must substantially limit a major life activity. The Office of Counseling Services will review my current request for accommodations and my previous documentation to determine if that documentation can still be used to determine eligibility for accommodations.
- This release will serve for the duration of my enrollment at RPCC unless otherwise requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*For more details, refer to the Section IV (Documentation Guidelines) of the information sheet "Applying for Accommodations at River Parishes Community College."

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**Completed Application for Accommodations forms and diagnostic documentation should be returned to:**

Director of Counseling Services  
P.O. Box 310  
7384 John LeBlanc Blvd.  
Sorrento, LA 70778

River Parishes Community College operates in compliance with Title VI of the Civil Rights Act of 1964, Title IX, of the 1962 Educational Amendments and Section 504 of the Rehabilitation Act of 1973. The College does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital status, or veteran status. The College is also in compliance with the Family Rights and Privacy Act of 1974 (P.L. 93-380) as amended by the (P.L. 95-568).