



Pursuant to the Americans with Disabilities Act Amendments Act (ADAAA) of 2008 and Section 504 of the Vocational Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and assured services and accommodations that provide equal access to the activities and programs of the college. To establish that an individual is covered under the ADA-AA, students must initiate an accommodations request with the Disability Support Services (DSS) office.

**A student requesting accommodations due to a disability must:**

- Initiate accommodations and complete the DSS application within the first 25% of the semester/term.
- Provide recent documentation (no older than 3 years) of the disability from a professional qualified to make a diagnosis (DSS keeps this information confidential)
- Request accommodations every semester (per federal guidelines)
- Maintain communication with disability services and instructors to discuss and continue appropriate accommodations

**Guidelines for Documentation of Disability**

Students requiring disability accommodations from Hinds Community College must submit documentation to determine eligibility in accordance with Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act (ADA). A diagnosis of the disability does not necessarily qualify a student for academic accommodations under the law. To establish that a student is covered Section 504 and the ADA, the documentation must indicate that the disability substantially limits some major life activity, including learning. Please refer to the

The following requirements provide students, the college and professional diagnosticians with a common understanding of the components of documentation that are necessary to validate the existence of a learning disability, the impact on the individual's educational performance and the need for academic accommodation for the purpose of ADA.

**A Qualified Professional Must Conduct the Evaluation**

Students must provide documentation by an appropriate, qualified professional. The assessment must be administered by a trained and qualified (i.e. certified and/or licensed) professional (e.g. psychologist, neuropsychologist, educational diagnostician). All reports should include the professional's name and title, should be on letterhead and should be typed, dated, signed and legible.

**The Documentation Must Be Current**

Reasonable accommodations are based on the current impact of the disability on academic performance. The documentation must show the student's current level of functioning; therefore, the evaluation should be age appropriate and relevant to the student's learning environment.

**Mobility or Chronic Health Condition.** The documentation must specify the disability or condition as well as the major life activities that are affected. To be a disability covered by ADA, an impairment must substantially limit one or more major life activities such as walking, seeing, hearing, speaking, breathing, learning, performing manual tasks, caring for oneself, working, sitting, standing, lifting and/or reading.

**Learning Disability.** The documentation must include a clear and direct statement that a learning disability does or does not exist. The documentation must include a summary containing relevant historical information, instructional interventions, and related services.

**Please submit the attached application forms and documentation to the appropriate personnel listed below.**

Jackson Academic Technical Center – Krisisty Wagner, [Krisisty.Wagner@hindsc.edu](mailto:Krisisty.Wagner@hindsc.edu), 601-987-8158

Jackson Nursing/Allied Health – Cooper McCachren, [Bryan.McCachren@hindsc.edu](mailto:Bryan.McCachren@hindsc.edu), 601-376-4803

Rankin Campus – Tiffany Gaskin, [Tiffany.Gaskin@hindsc.edu](mailto:Tiffany.Gaskin@hindsc.edu), 601-936-5544

Raymond Campus and all online courses – Mark Palmer, [MAPalmer@hindsc.edu](mailto:MAPalmer@hindsc.edu), 601-857-3646

Utica Campus – Tara Johnson, [Tara.Johnson@hindsc.edu](mailto:Tara.Johnson@hindsc.edu), 601-885-7045

Vicksburg-Warren Campus – Raina Deer Jones, [Raina.Deer@hindsc.edu](mailto:Raina.Deer@hindsc.edu), 601-629-6807



**Hinds Community College Application for Disability Support Services**

**Please complete and return to the Disability Support Services counselor on your campus.**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip code

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- Ethnicity:  African American  Caucasian  
 American Indian or Alaskan Native  Hispanic  
 Asian or Pacific Islander  Other \_\_\_\_\_

High School or HS Equivalency type & graduation date \_\_\_\_\_

Intended program of study: \_\_\_\_\_

Campus(es) you plan to attend:

Jackson Academic Technical  Rankin  Utica  Online

Jackson Nursing Allied Health  Raymond  Vicksburg

When will you begin taking classes?  Fall 20\_\_  Spring 20\_\_  Summer 20\_\_

- Disability: (Please check all that apply)
- |   |  |
|---|--|
| <input type="checkbox"/> Acquired Brain Injury                                      | <input type="checkbox"/> Psychological/Psychiatric Disability    |
| <input type="checkbox"/> Attention Deficit/Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Speech Impairment                       |
| <input type="checkbox"/> Deaf or Hard of Hearing                                    | <input type="checkbox"/> Visual Impairment (blind/partial sight) |
| <input type="checkbox"/> Mobility   | <input type="checkbox"/> Learning Disability                     |
|   | <input type="checkbox"/> Other _____                             |

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**If you have trouble in any of these academic areas please check all that apply.**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Reading       | <input type="checkbox"/> Mathematics  | <input type="checkbox"/> Organization          |
| <input type="checkbox"/> Spelling      | <input type="checkbox"/> Note taking  | <input type="checkbox"/> Study skills          |
| <input type="checkbox"/> Reading rate  | <input type="checkbox"/> Test taking  | <input type="checkbox"/> Retaining information |
| <input type="checkbox"/> Comprehension | <input type="checkbox"/> Other: _____ |  |

**Describe any learning support services and devices you have used in previous educational settings.**

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**Hinds Community College Notice of Non-discrimination Statement:**

In compliance with the following: Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator Box 1003, Utica, MS 39175 Phone: 601.885.7002 or Email: [titleIX@hindsc.edu](mailto:titleIX@hindsc.edu)



**Disability Support Services: Consent for Release of Information**

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Campus of Record:

Jackson Academic Technical Center     Rankin     Utica     Online

Jackson Nursing Allied Health     Raymond     Vicksburg

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**I, the undersigned, consent to and request all appropriate persons and/or agencies and/or institutions to release information regarding myself to Hinds Community College for use in educational and vocational planning. All information will be kept confidential and maintained as part of my records with the Disability Support Services counselor and staff.**

**I authorize the release of information to include one or more of the following records (check all that apply):**

- Medical records
- Learning disability assessment reports
- Psychiatric evaluation results
- Vocational rehabilitation plan
- Audiology and speech/language pathology reports
- Other \_\_\_\_\_

**I further give permission for the disability support services counselor(s) to discuss my educational situation with other professionals who have a legitimate need to know. The authorization will remain in effect until revoked in writing by the student or by \_\_\_\_\_, whichever comes first (not to exceed two years from the date signed).**

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

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



# Hinds Community College

Office of Admissions and Records

## Waiver of Rights to Privacy of Records (FERPA)

In order to assist me with my educational goals, I hereby authorize Hinds Community College to release my personally identifiable college records to:

1.	2.	3.
_____	_____	_____
(Name)	(Name)	(Name)
_____	_____	_____
(Address)	(Address)	(Address)
_____	_____	_____
(City, State, Zip)	(City, State, Zip)	(City, State, Zip)
_____	_____	_____
(Relationship to Student)	(Relationship to Student)	(Relationship to Student)

**I authorize this release for:**

- Academic Records (attendance, grades/GPA)
- Student Affairs Records (conduct/disciplinary, housing)
- Financial Information (awards, disbursements, eligibility, financial aid academic progress status, charges, payments, past due amounts, collection activity)
- Disability Services

**I understand that by signing this authorization, I am waiving my rights of nondisclosure of the selected records under federal law only to the person(s) specifically listed above. This release does not permit the disclosure of these records to any other persons or entities without my written consent.**

Student's Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

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

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

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

Received by: _____	Campus: _____	Date: _____	Copy given to student: _____
Received in District Admissions Office by: _____			Date: _____

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Phone: 601.885.7002 or Email: [titleIX@hindsc.edu](mailto:titleIX@hindsc.edu)