

DEMOGRAPHIC DATA

Date _____ BCC ID _____

Name _____ Birthdate _____

Preferred Name _____ Pronouns _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ May we leave a voice mail message? Yes No

BCC email address _____ Personal email address _____

How did you hear about the Disability Resource Center at Berkshire Community College?

High School BCC Admissions BCC Advisor BCC Instructor BCC Testing Center

BCC Website Community Agency Other: _____

EMERGENCY CONTACT

Name _____

Relationship _____ Phone _____

DISABILITY INFORMATION

What is your disability?

Describe how your disability affects your performance as a student:

Describe the accommodations you need:

EDUCATION

Did you earn a:

High School Diploma

What was the name of your High School? _____ What year did you graduate? _____

General Equivalency Diploma (GED)

What year did you earn your GED? _____

What are your current educational goals?

Degree Subject: _____

Certificate Subject: _____

SUPPORT SERVICES

Are you a consumer of the Massachusetts Rehabilitation Commission (MRC)?

- Yes Who is your counselor? _____ Last Contact? _____
- No Please consider applying. They can help with education, training and job placement for students with disabilities.
Pittsfield area: 413-499-2720; North Adams: 413-663-5391

Check any of the following campus resources you are interested in learning more about:

- peer tutoring writing help center math help center personal counseling
- career services TRIO Other: _____

DRC CONFIDENTIALITY STATEMENT

I give the Disability Resource Center permission to discuss my disability related needs with other professionals at Berkshire Community College who are directly involved in my education for the sole purpose of assisting me in the pursuit of my educational objectives. Faculty, Tutoring, TRIO, Academic Advising, Financial Aid, Counseling Services and Student Billing are examples of some of the professionals that we may collaborate with in helping you achieve your goals.

I understand that all documents and information will be treated as privileged and confidential. I also understand that information in my files will not be released except in accordance with federal and state laws that require release in the following circumstances:

- If you are in immediate danger of harming yourself or someone else
- If you report or describe any physical abuse, neglect, or sexual abuse of children or vulnerable adults
- If a court of law orders such information to be divulged (subpoena)
- If you file a grievance with the college

If you have any questions about confidentiality, please let the staff know. Otherwise, please sign below to indicate that you have read and understand this statement.

Student Signature _____ Date _____

Legal Representative _____ Date _____

Staff _____ Date _____

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If you are not satisfied with the services you receive, you have the right to file a formal grievance.

Berkshire Community College is an affirmative action/equal opportunity employer and does not discriminate on basis of race, creed, religion, color, gender, gender identity, sexual orientation, age, disability, genetic information, maternity leave, military service, and national origin in its education programs or employment.

All inquiries concerning application of the above should be directed to the Affirmative Action Officer and Coordinator of Title IX and Section 504 by calling 413-236-1022.