

# Davidson-Davie Community College

## Office of Accessibility, Counseling, & Health Services Dual Enrollment Student Rights & Responsibility Form

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

Student Id: \_\_\_\_\_

### Student Acknowledgements

- I understand that academic accommodations aids are not automatically granted.
- All high school IEP or 504 Plan accommodations do not automatically transfer to my Academic Support Plan for college, and some accommodations may not be available in my college-level courses.
- I understand it is my responsibility to make a disability known and to provide proper documentation from an appropriate professional describing a diagnosis, limitations, and recommended academic accommodations.
- I understand that if there are changes to their circumstances that will change the scope of their accommodations additional documentation may be required.
- I understand I will be responsible for cost associated with obtaining reports, examinations, and test as it pertains to documentation.
- I understand it is the student's responsibility to request services in advance *each* semester.
- I understand I will receive all accommodations electronically to my student email and these accommodations are valid even if I do not reply to the email. I will have to indicate via email that I do not accept the accommodations for them to not be valid.
- I understand it is my responsibility to keep instructors and Accessibility, Counseling, & Health Services informed of implementation and effectiveness of an academic accommodation(s).
- I will adhere to student behavior guidelines outlined in the Davidson-Davie Community College Student Handbook.

### Recording Lecture Agreement - Audio and Video Recordings of College Courses and Other Events

#### **I understand and agree that:**

- I may record a course or other college event only with permission of the instructor or event coordinator.
- The recordings content is owned and copyrighted by the college.
- I may use the recordings only for my personal educational purposes.
- I must not use the recording for any commercial purposes.
- I'm not to copy, alter, distribute, share, upload, or otherwise transfer the recording, or any part of the recording.
- I must destroy or erase the recording when I am finished using it, or upon request by the college.

### Release of Information & Student Rights and Responsibilities

I hereby grant permission for the Office of Accessibility, Counseling, & Health Services to release and/or discuss pertinent information concerning my disability with persons having legitimate interest in my educational success at Davidson-Davie Community College. I understand those persons could include high school counselors, college officials (academic dean, academic advisor, counselors, etc), my parent/guardian, and/or the faculty member(s) from whom my educational accommodations might be requested. I also understand it is important to sign the Davidson-Davie CC FERPA form to further support my educational progress and permits information to be shared with my parent/guardian. I understand that the Office of Accessibility, Counseling, & Health Services is an advocate, acting on my behalf in matters relating to my disability. I also understand that some accommodations may require advanced notice. I agree to communicate with my professors and ensure that have my Academic Support Plan at the beginning of each term. I agree to work with my professors, the testing center and/or the Office of Accessibility, Counseling, and Health Services in making classroom and exam arrangements in a timely and appropriate manner. If I feel my needs are not being met, I may file a written grievance with the Office of Accessibility, Counseling, & Health Services.

*My signature below certifies that the information provided is accurate and acknowledges that I am fully aware of my responsibilities as it relates to my Request for Accessibility, Counseling, & Health Services. My failure to follow these guidelines may result in a delay or interruption of services.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACH Staff Signature

\_\_\_\_\_  
Date