

APPLICANT ACKNOWLEDGEMENT AND CONSENT

Please read each of the following statements carefully, and initial each one to show that you understand:

_____ I understand that all information maintained by the Cornerstone University Center for Student Success is part of my educational record and as such is protected by the Federal Family Educational Rights and Privacy Act (FERPA) of 1974, (20 U.S.C. 1232g). According to that Act, information contained in my educational records may be shared with other campus officials and employees with responsibilities related to academic, administrative or service functions that have a legitimate educational interest in such access.

_____ I give permission to Cornerstone University faculty and staff to discuss my disability and related accommodations verbally and/or in written form with university personnel, my medical or clinical practitioners, my former school officials, financial aid agencies, and any other personnel who may aid in assessing how Cornerstone University can reasonably accommodate my learning and/or living needs.

_____ I give permission to Cornerstone University faculty and staff to discuss by disability and related accommodations verbally and/or in written form with my parents.

_____ I give my consent for written documents, medical information, educational information, and other written information to be released between doctors, counselors, and service providers and Cornerstone faculty and staff when said information is used for the purposes of determining service eligibility, making educational recommendations, and reviewing academic progress.

_____ I understand that to be approved to receive disability accommodations at Cornerstone University, I must provide full and appropriate documentation of my disability from a certified medical or mental health professional. Until that documentation is received, my application will remain on file, but further review will not happen until receipt of said documentation.

_____ My completion of this application is the first step of a process which includes review by the Accommodations Officer and the Accommodations Review Committee at Cornerstone University. I understand that this process can take 2-3 weeks to complete, and that expedient submission of requested information on my part will ensure that the process continues smoothly and as quickly as possible.

_____ I understand that disability accommodations will not start until my application for services has been documented and approved through the above procedure.

_____ I understand that once I am approved for accommodations at Cornerstone University, that approval qualifies me for accommodations for my entire time as a student at Cornerstone University. While I will be encouraged to review this Individualized Student Accommodation Plan (ISAP) at least annually, I am able to request reviews and adjustments at any time.

_____ I understand that if disagreements develop related to my accommodations, or if I feel that accommodations are not being fully or correctly implemented, there is an Informal and Formal Grievance process that I can initiate. I understand that the Informal and Formal Grievance policy is available on the SDS page of the Cornerstone University Website.

_____ I understand that I have the right to request review of my ISAP at any time.

If you will be requesting Books in Alternative Format/Media, please read and initial the following:

_____ I understand that Books in Alternative Format/Media involves working with outside publishers and suppliers, and can therefore take several weeks to secure. I understand that it is my responsibility to provide the Center for Student Success staff with my book titles, proof of purchase, and other requested information in a timely manner to allow enough time to secure needed titles. Finally, I understand that any delay on my part may cause a delay in getting my materials on time.

My signature indicates that I have been provided with the above information.

Student Signature: _____ **Date:** _____

Office Use Only:

Date Application Received: _____ Date Documentation Received: _____

Date of ARC Approval: _____ Date of ISAP Review: _____