



Student Access Services

Date: _____

Name: _____ Birthdate: _____
Last First Middle Initial

Student ID: **S** ACC Student Email: _____@student.cccs.edu

Phone: () _____

Native Language: English Other _____ Employed: Yes No

Are you a veteran? Yes No

Are you registered to vote? Yes No If no, would you like more information? Yes No

Gender Identity (check all that apply): Male Female Non-Binary Transgender Other _____

Preferred Pronoun: He She They Other _____

Emergency Contact: _____ Phone: () _____

Education:

Education Level (please select highest level completed):

- Currently in High School
- Some High School
- High School Diploma
- GED
- Some College
- College Graduate

Educational Goal:

- Associate: _____
- Job-related skill upgrade
- Other: _____
- Transfer: _____
- Certificate Program: _____

ACC Status:

Have you taken the Accuplacer to assess your academic skills? Yes No (Limited exemptions on a case-by-case basis.)

Anticipated test date: _____ (Registration is dependent upon Accuplacer scores.)

Have you met with an Academic Adviser? Yes No Have you applied for Financial Aid? Yes No

Are you registered for classes? Yes No

When do you plan on starting? Fall, Year: _____ Spring, Year: _____ Summer, Year: _____

Continued on other side

Disability Information: You will need to provide a copy of your documentation (ex: IEP, 504, documentation from a licensed professional)

If you are a student who would like to self-disclose a disability, please respond to the following:

My disability is... Diagnosed Suspected, not diagnosed

If diagnosed or suspected, describe the academic impact of your disability: _____

If you have multiple disabilities, please indicate your primary disability first than any others that are applicable:

List any medications you are currently taking and how they may affect your academic work: _____

What accommodations have you used? (e.g., more time on tests, reading program, equipment, assistive technology):

In the case of an emergency evacuation, do you require and authorize Campus Police to escort you out of the building?

Yes No

Community Services:

Are you receiving services from community, state or federal agencies? (Ex: VA, DVR, Developmental Pathways)

Yes No

Agency	Contact Person	Phone Number

I hereby authorize Student Access Services (SAS) to hold confidential information on this form, any records I provide, as well as information shared by me or on my behalf with SAS staff. Information provided to SAS will not become part of my academic record, but will remain in a limited-access file. Additionally, I authorize SAS to share information from these records with other Arapahoe Community College staff members or volunteers on a need to know basis in order to assist in the provision of services. I understand my records may be released to off-campus authorities as required by law. I further understand these records are necessary in the determination of special services, statistical reporting and funding purposes.

_____ Student Signature

_____ Date

_____ SAS Specialist Signature

_____ Date

_____ SAS Code

_____ Add Student to Campus Police Emergency List