Salem Community College
Center for Student Success – Division of Student Services

Note of Student Disability Release Form
(CONFIDENTIAL)

Please Print:

Name: _____
(LAST) (FIRST) (MI)

Mailing Address: _____
(STREET)

_____
(CITY) (STATE) (ZIP CODE)

Telephone Number: (____)_____Cell # (____)_____

Email Address: _____

I hereby inform Salem Community College of my disability as follows:

_____ Learning Disability _____ Cognitive Impairment

_____ Physical Disability Other:_____

I am requesting the following services for the _____ _____ semester:
Semester Year

( ) Require use of enlarged test
( ) Need to acquire audio texts
( ) Need to use a tape recorder in class
( ) Require extended testing time to compensate for disability – up to double normal time.
NOTE: TEST MUST BE TAKEN WITHIN TEN (10) DAYS OF ORIGINAL TEST DATE.
( ) Other:_____

I authorize the Center for Student Success and the Division of Student Services at Salem Community College to notify the Office of Academic Affairs, Testing and Tutoring Center, faculty and instructor(s) of my disability.

_____ _____
Student Signature Date

_____ _____
Parent or Guardian Signature (if student is under 18) Date

_____ _____
Staff Signature Date

REMINDER: Students requiring accommodations must complete and return a Notice of Disability Release Form at the beginning of each semester.

rev 9/08