



Blue Mountain Community College *Administrative Procedure*

Procedure Title: Referral to Student Disability Services
Procedure Number: 07-2006-0007
Board Policy Reference: I.B.

Accountable Administrator: AVP, Enrollment Management
Position responsible for updating: Director, Advising, Testing, and Student Disability Services

Original Date: 1/24/2006
Date Approved by Cabinet: 04-12-16
Authorizing Signature: *Signed original on file*
Dated: 04-12-16
Date Posted on Web: 04-12-16
Revised: 15-16
Reviewed: 03-16

Purpose

Faculty and staff who have a student that indicates the need for disability accommodations, whether they be physical, learning, or mental, will refer the student to Student Disability Services. Students may call the Director, Advising, Testing, and Student Disability services at 541-278-5958, access information on the Blue Mountain Community College website, or stop in at the Testing Center to set up an appointment with the Director, Advising, Testing, and Student Disability services. In the case of an emergency, call 911 and stay with the student.

All records created by Student Disability Services will be retained in a confidential manner. Any student requesting that Student Disability Services documents be sent to other colleges or institutions must have a signed consent to release form on file with Disability Services.

Special Forms:

Consent to Share Disability Information



Blue Mountain
Community College

Consent to Share Disability Information

2411 NW Carden
Pendleton, OR 97801

(541)278-5931 Testing Center
(541)278-5885 Testing Center Fax
www.bluecc.edu

BMCC ID: _____ - _____

OR

SSN: _____ - _____ - _____

Last Name: _____

First Name: _____

Have you requested Directory Exemption? Yes No

Date of Birth: ____/____/____

I, _____, wish to have information regarding my disability shared between BMCC Student Disability Services staff and specific individuals for the purpose of assisting them in understanding any or all of the following: abilities and disabilities, request for accommodations, health and safety needs, strategies that are effective, and academic success.

I give my consent for this confidential information to be shared verbally or in writing between BMCC Disability Services and the following persons and/or agencies:

- BMCC Employees involved with my education and services
- High School Counselor (Provide Name and Contact Number) _____
- Private Physician/Counselor, Therapist, Vocational Rehabilitation, other College or Institution (Provide Name and Contact Numbers) this is an open release to communicate:

- Family Member (Provide Name and Contact Number) _____
- Emergency Contact: If we know you have an emergency on campus, is there someone you wish BMCC Student Disability Services to notify? (Provide Name and Contact Information)

I understand that each person listed above will be informed that the confidentiality of this information is protected by state laws (ORS 192.500 and ORS 179.505) and federal law (PL 93-380, the Federal Family Education Rights and Privacy Act of 1974). The information shared with them is for their knowledge only and will not be shared with others unless I am informed or give my consent. Consent may be withdrawn by written notice.

Student Signature: _____

Date: ____/____/____

