



DISABILITY SUPPORT SERVICES
TARRANT COUNTY COLLEGE DISTRICT

- Northwest Campus, Northeast Campus, South Campus, Southeast Campus

Student Interview Form

Form with fields: NAME: LAST, FIRST, COLLEAGUE ID, ADDRESS: CITY, STATE & ZIP, TELEPHONE NUMBER, EMAIL, BIRTHDAY, ALTERNATE NUMBER, NAME, ADDRESS & PHONE NUMBER OF EMERGENCY CONTACT, DISABILITY, MEDICATIONS

- 1. I am expected to do the same work as any other TCC student.
2. I authorize my instructors at TCC to release information concerning my attendance and academic progress to the DSS office.
3. I am aware that I must request accommodations on a semester by semester basis and provide a copy of my schedule to the DSS office.
4. If I have been approved for alternative testing, it is my responsibility to remind the instructor of the agreement and schedule a testing time with the DSS office at least 2 business days in advance.
5. It is my responsibility to notify the DSS office at least 1 week in advance if I need a sign language interpreter for a TCC non-classroom event.
6. I understand that if I have not picked up my notes from the DSS office within 5 business days, the notes will be destroyed.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_