



9 LINE REQUEST FORM

Veterans Resource Center – Special Programs & Services

LINE	ITEM	REQUEST MESSAGE
1	LOCATION	VRC K-BLDG
2	CALL SIGN	_____ BRANCH/RANK (OPTIONAL) PHONE # B# _____ LAST, FIRST PREFERED NAME
3	PRESEDENCE	<input type="checkbox"/> A.URGENT <input type="checkbox"/> B.PRIORITY <input type="checkbox"/> C.ROUTINE
4	SPECIAL EQUIPMENT REQUESTED	<input type="checkbox"/> SMART PEN <input type="checkbox"/> SEATING <input type="checkbox"/> EXTENDED TEST TIME <input type="checkbox"/> AUDIO BOOKS <input type="checkbox"/> OTHER _____
5	RATING (IF APPLICABLE)	
6	WOUND, INJURY, OR ILLNESS	
7	METHOD OF REFERRAL SOURCE	<input type="checkbox"/> STUDENT <input type="checkbox"/> FLYER <input type="checkbox"/> FACULTY / STAFF <input type="checkbox"/> SVO <input type="checkbox"/> OTHER _____
8	STATUS	<input type="checkbox"/> ACTIVE <input type="checkbox"/> RESERVIST <input type="checkbox"/> RETIRED <input type="checkbox"/> VETERAN
9	TERRAIN DESCRIPTION	DESCRIBE CURRENT EXPERIENCE HERE AT BARSTOW COMMUNITY COLLEGE:



Student Signature: _____ Date: _____

OFFICE USE ONLY

APPROVED: _____ AAP: _____ IPA: _____

COUNSELOR SIGNATURE: _____ DATE: _____



BARSTOW COMMUNITY COLLEGE DISTRICT

9-LINE RIGHTS AND RESPONSIBILITIES

Barstow Community College District provides educational services and 9-line for students with documented disabilities who intend to pursue coursework at Barstow Community College. A variety of programs and services are available which gives students with disabilities the opportunity to participate fully in all aspects of Barstow Community College programs and activities through appropriate and reasonable accommodations. By completing this form, I am applying for services from the 9-Line program.

NAME: _____

STUDENT ID NUMBER: _____

PHONE: _____

Rights

- My participation in 9-Line shall be entirely voluntary.
- Receiving support services or instruction through 9-Line shall not preclude me from also participating in any other course, program or activity offered by Barstow Community College, or from receiving basic accommodations required by state and federal law.
- I have been advised that a copy of 9-Line Student Handbook (policies & procedures) and the opportunity to register to vote in local, state, and national elections via "Motor Voter Registration" is available to me on the Special Programs and Services Canvas webpage.
- All records maintained by 9-Line Personnel pertaining to my disability (s) shall be protected from disclosure and shall be subject to all other requirements for handling of student records.

Responsibilities

- I will provide 9-Line with the necessary documentation and/or forms (medical, educational, etc.) to verify my disability.
- I will meet with an 9-Line Counselor to complete an Academic Accommodation Plan (AAP), and also meet with an 9-Line Counselor at least once per semester to update the Academic Accommodation Plan.
- I will utilize 9-Line services in a responsible manner. I understand that 9-Line uses written service provision policies and procedures, which must be adhered to for continuation of services.
- I will comply with the Student Code of Conduct adopted by Barstow Community College.
- I must demonstrate measurable progress toward the goals established in my Student Education Plan (SEP).

NOTE: Authorities cited: Title 5 C.C.R. Section 56000 m., Education Code Sections 66701, 67310-37612, 70901, and 84850.

I understand and agree to the above Student Rights and Responsibilities, and I will abide by them. I give permission for 9-Line staff to discuss my educational situation with other professionals who have a legitimate educational need to know. I have been given a copy of this document.

Student Signature: _____

Date: _____



BARSTOW COMMUNITY COLLEGE DISTRICT

9-LINE CONSENT OF RELEASE FORM

Name: _____

Last

First

Middle

Social Security #: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Maiden Name or Other Used: _____

Last

First

Middle

I, the undersigned, request any appropriate person and/or agency or institution to release information consistent with the Federal Educational Rights and Privacy act of 1974, or other laws, regulations, or policies to Barstow Community College for use in educational/career planning. *All information will be kept confidential and maintained as part of my records with 9-LINE at Barstow Community College.*

I authorize the release of information to include one or more of the following records:

Please INITIAL all that apply:

Verification of disability/general medical

Psychological testing and evaluation results

Audiology and speech/language pathology reports

Educational records, Individual Education Plan (IEP),
including progress made

Vocational Rehabilitation Plan

Detailed results of learning and/or disabilities

(psychological or medical testing that led to the diagnosis)

Other:

I further give my permission to 9-LINE staff to discuss these records with other professionals at Barstow Community College who have a legitimate educational need to know, and I give permission for 9-LINE to forward these records to other educational institutions upon my written request.

This authorization shall remain in effect until revoked in writing by the undersigned.

Student _____ Date: _____

Parent or Guardian: _____ Date: _____

Signature required for students under 18 years of age. A photocopy of this is valid as the original.