



UNIVERSITY of HAWAII®
MAUI COLLEGE

Counseling Department
Accommodations

Kilo Hōkū i ola koa i kai loa
"Observe the stars in order to live long in strength on distant shores."
The UH Maui College Counseling Department provides services
that assist students to realize their educational goals.

CONFIDENTIAL

UH Maui College
Student Information Form

We wish to work with you in your efforts toward a positive educational experience while attending our community college. To do this, we need you to tell us what your particular needs are and to release information that will allow us to communicate with the appropriate personnel. Please complete the following:

Date _____

Name _____

UH Student ID Number _____ Date of Birth _____

Permanent Address _____

Telephone _____

Enrollment Status:

- _____ New
- _____ Continuing
- _____ Transfer
- _____ Returning

Disability Status:

- _____ Temporary (State How Long) _____
- _____ Permanent

Disability:

(check all that apply)

- _____ Vision
- _____ Hearing
- _____ Mobility/Orthopedic
- _____ Learning
- _____ Psychiatric
- _____ Chronic Health
- _____ Other: _____
(Indicate Type)

Specialized Support Services:

(check all that apply)

- _____ Division of Vocational
Rehabilitation (DVR)
- _____ Recording for the blind
and dyslexic
- _____ Other: _____
(Indicate Agency)



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UH Maui College
Release of Information Form

THIS CONSENT IS REQUIRED BY THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) OF 1974

I hereby give my permission to share information with the following persons/agencies:

_____ **ALL AGENCIES AND/OR PERSONS WITH A LEGITIMATE EDUCATIONAL NEED TO KNOW.**

Or, check specific groups below with whom we may share information

- _____ Appropriate Faculty
Please List: _____
- _____ Instructional Support Staff (e.g., Library, Learning Center, etc.)
- _____ Parents (Names) _____
- _____ Previous/Future Education Institutions
- _____ Medical/Counseling Facilities
- _____ Recordings For The Blind and Dyslexic/Library For The Blind
- _____ Division of Vocational Rehabilitation (DVR)
- _____ Other: _____

I understand that I must have documentation on file to be eligible for services as a student with a disability. I have a responsibility to identify myself as a person with a disability on the appropriate form designated by this college, and in the case of Federal audit, my records may be opened. Unless otherwise notified, this release of information will expire following my exit from this college.

Signature _____ Date _____

revised 09.12.2021

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An Equal Opportunity/Affirmative Action Institution



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UH Maui College
Student Request for Accommodations Form

Name _____

Date _____

Student UH ID Number _____

Phone _____

I have provided documentation. Accordingly, I am requesting the following accommodation(s).

Requested Testing Accommodation(s)

(please check all that may apply)

- _____ Extended Time On Tests
- _____ Distraction Reduced Environment
- _____ Alternate Formats
 - _____ Oral
 - _____ Braille
 - _____ Enlarged Print
- _____ Reader
- _____ Scribe
- _____ Other _____

Requested Class Room Accommodation(s)

(please check all that may apply)

- _____ Note Taker
- _____ Reader
- _____ Scribe
- _____ Sign Language Interpreter (ASL)
- _____ Digital Recorder
- _____ Alternative Textbook(s)
 - _____ Alternative Type _____
- _____ Special Seating
- _____ Other _____

I will provide notification of my needs in a timely manner. I agree it is my responsibility to contact Accommodations **each semester** for consideration of continued service and notification to instructors of approved services. I understand that failure to comply with the established policies and procedures may result in the suspension or termination of requested service.

Signature _____

Date _____

revised 09.16.2022



Equipment Loan Agreement

Name: _____ UH ID#: _____

Address: _____

Phone: _____

Equipment: _____ Serial# _____ Cost\$: _____

- I understand that the equipment loaned to me by the Disability Services Coordinator is a temporary loan and must be returned by _____.
- I understand that if I do not return equipment by the due date, I will not be able to borrow other equipment until the original loaned equipment is returned.
- I understand that this equipment is for my use only and cannot be loaned out to other individuals, including other students.
- I understand that if I lose or damage the equipment I am liable for replacement costs.
- I understand that if I do not return the equipment or if the equipment is returned damaged a hold will be placed on my student records until such equipment is returned or replacement costs paid. Holds will affect my ability to perform functions such as registering for classes, obtaining copies of or requests to transfer my transcripts, and/or obtaining my grades until I fulfill my obligation.
- I understand that UH Maui College has the right to seek any appropriate action to retrieve the equipment or replace it in the event that it is damaged, lost, or stolen.
- I understand that in the event that the equipment is stolen while in my possession, I must make a report to the police, identifying the equipment as the property of UH Maui College. I further understand that I must provide a copy of the police report and/or the police report number to UH Maui College.
- I understand and agree to report any problems or difficulties I encounter while the equipment is in my possession upon returning the equipment to UHMC Disability Services.

Student sign: _____ Date: _____

Staff sign: _____ Date: _____

Receipt for return of equipment - Date returned: _____ Staff Initial: _____

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