



## STUDENT AIDE REGISTRATION FORM

**Student Name:** \_\_\_\_\_ **ID:** \_\_\_\_\_

The individual below is authorized by the Disability Resource Center or 504 Officer to serve as a STUDENT AIDE as a reasonable accommodation to provide in-class support to an enrolled student. The STUDENT AIDE is not performing a service the Disability Resource Center is required to provide. The STUDENT AIDE is expected to follow the expectations outlined in the Palomar College Standards of Conduct (AP 5500).

### TO BE COMPLETED BY THE STUDENT AIDE:

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Agency Name (if applicable) or relationship to student:

\_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Aide

\_\_\_\_\_  
Date

### TO BE COMPLETED BY THE DISABILITY RESOURCE CENTER OR 504 OFFICER:

Semester: \_\_\_\_\_

Year: \_\_\_\_\_

Palomar Courses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
DRC Counselor/Director/504 Officer Authorizing

\_\_\_\_\_  
Date