

## Application for Accommodations

By completing this form, I understand that a notice will be sent to my instructor(s) informing them of the services I will be receiving. I understand that I must complete a new request each semester. NOTE: If you change your course registration, notify the Office of Accessibility Coordinator.

Date \_\_\_\_\_ Program of Study \_\_\_\_\_

Tech ID # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

### Disabilities *(check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Acquired / Traumatic Brain | <input type="checkbox"/> Mental Impairment         |
| <input type="checkbox"/> ADD / ADHD                 | <input type="checkbox"/> Mobility Disability       |
| <input type="checkbox"/> Asperger's                 | <input type="checkbox"/> Psychiatric Disability    |
| <input type="checkbox"/> Autism Spectrum Disorder   | <input type="checkbox"/> Speech Disability         |
| <input type="checkbox"/> Chemical Dependency        | <input type="checkbox"/> Systemic Disability       |
| <input type="checkbox"/> Deaf / Hard of Hearing     | <input type="checkbox"/> Visual Impairment / Blind |
| <input type="checkbox"/> Learning Disabled          | Other _____  |

Please describe how your disability impacts your learning:

Please list the desired accommodations you have used in the past / would like to obtain:

Complete and submit this application and ALL DOCUMENTATION of your disability either IN PERSON, by FAX 763/576-7771 ATTN: Office of Accessibility, or EMAIL Michael.Vendittelli@anokatech.edu  
 Once your application and documentation has been processed, you will be contacted via phone or email to schedule an appointment for an intake session.

### FOR OFFICE USE ONLY

Date received \_\_\_\_\_ Date contacted / initials \_\_\_\_\_ Intake Date \_\_\_\_\_ ISRS \_\_\_\_\_

Comments: