

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 on Disabilities 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 on Disabilities, or EMAIL (jpacker@anokatech.edu).

Once your application and documentation has been processed, you will be contacted via phone to schedule an appointment for an intake session.

FOR OFFICE USE ONLY

Date received _____ Date contacted / initials _____ Intake Date _____ ISRS _____

Comments: