

## 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 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 attach ALL DOCUMENTATION of your disability either IN PERSON to Enrollment Services Room 117, by FAX 763-576-7701 ATTN: Accessibility Services, or EMAIL [accessibility@anokatech.edu](mailto:accessibility@anokatech.edu). In order for documentation to meet criteria, it should be recent (preferably within the past 3 years), come from a certified professional source, and clearly states the diagnoses. 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: