



TRI-COUNTY
COMMUNITY COLLEGE

Tri-County Community College Request for Accommodations

Accommodation Policy: In keeping with the Americans with Disabilities Act of 1990, it is the policy of Tri-County Community College to provide students with disabilities every reasonable opportunity to participate in College courses and other activities. If you believe you will require an accommodation to assist you in meeting your academic requirements, return this completed form to the Harper Help Desk. Along with this form, please submit current medical records that document your disability. The College will review this information form, documentation, and determine the most appropriate accommodation. Then you will be contacted regarding your request.

Name: _____ Student ID#: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____

Email Address: _____

Are you receiving Federal Financial Aid? YES NO Are you a first generation college student? YES NO

Educational Background High School Graduate YES NO GED Other: _____

What is your educational goal? (Please check one)

- Associate Degree In what field?: _____
- Complete a certificate In what field?: _____
- Transfer to a four-year university Major: _____
- Other: _____

Disability Information Documentation verifying the stated disabling condition must be provided prior to rendering services requested.

- Visual Impairment/Blindness Physical Disability Learning Disability
- Hearing Impairment/Deafness Psychological Disability ADD/ADHD
- Health Related Disability Traumatic Brain Injury (TBI) Autism/Asperger Spectrum
- Other: _____

Functional Limitations: _____

Services Requested Documentation will be provided by: *(Documentation must be current and confirm the need for the services requested.)*

- Interpreter Textbooks in alternative format Equipment loan/use
- Test Accommodations Tutoring Note Taker
- Adapted computer equipment Other: _____

Acknowledgement and Consent: I understand and acknowledge that the determination of whether any requested accommodations for my disability will be made at the discretion of the College. In order to assist the College in making the determination of whether accommodations are appropriate for my disability, I hereby consent to the release of any information contained in this form and any other information I have provided to the College. I also understand that only appropriate personnel will view my information.

Student Signature: _____ Date: _____

For Internal Use Only: Received by/Date: _____ Reviewed by/Date: _____ Status: _____