



Request for Reasonable Accommodation-Disability Services

Submit this form to the Student Success Center
Austin-West • Albert Lea-Media Center • Owatonna-Room 120-B

Student Name: _____ Date: _____

Major/Program of Study: _____

Statement of Disability*: _____

*Documentation of disability must be on record with Disability Services before accommodations or equipment can be provided.

Type of accommodation or services requested and for which classes is it needed:
(Services typically include; alternative testing, taped text, tutors, note takers, planning, referral)

NOTE:

When a student and Disability Services have agreed to a plan, the student acknowledges that:

- Equipment and services are provided for one semester
- Attendance is required in classes where a note taker is provided.
- Attendance is required at tutoring and testing sessions.
- Services may be terminated after two unexcused absences.
(Excessive tardiness may count as an absence)

Signature of Student: _____ Date: _____

Signature of Disabled Student Services: _____ Date: _____

Information on this form shall be confidential with the exceptions according to the Rehabilitation Act of 1973, Section 504, Subd. 84.14 and the Americans with Disabilities Act of 1990, Subd. P.L. 101-336, Sec. 102.C.