



ADULT STUDENT

Request for Accommodation or Modification
Americans with Disabilities Act of 1990

You may complete this form electronically or print and prepare in written form. Paper versions of this form are available from any Campus or Department Director and in the office of Human Resources. For more information, go to tulsaitech.edu/StudentResources/DisabilityServices

Documentation attached? Yes No

Student Full Name

Date

Complete Mailing Address

Contact Phone

Contact Email

Program/Class Enrolled

Disability Requiring Accommodation

Requested Accommodation (Request must include supporting documentation)

Administrator Signature Required

Date

Adult Student Signature Required

Date

Accommodation(s) District Responsibility

Accommodation(s) Adult Student Responsibility

REQUESTS MUST INCLUDE SUPPORTING DOCUMENTATION TO ASSIST EXPEDITED PROCESSING

I hereby submit this form in support of a formal request for accommodation or modification as covered by the Americans with Disabilities Act. I understand that my request will be considered in a manner compliant with law and Tulsa Tech's Board of Education Policy GEN 1, Non-Discrimination.

Adult Student Signature (Print Name & Sign)

Date

Tulsa Tech Administration Use Only (Staff or Administrator attach other documents explaining request and/or accommodation)

Instructor Signature **Required**

Date

Administrator Signature **Required**

Date

Follow up Accommodation reviewed on _____

Other Signature (if applicable)

Date

Student Signature

Administrator Signature