Adult Student Disability Accommodation Request

Requests must be initiated by the individual who requires the accommodation(s) and must include supporting documentation of your disability.

Documentation must be from a qualified professional who diagnosed or helps you manage your disability.
Academic accommodation(s) will be provided on an individual basis and will be based on the student's functional limitations.
Submit this form to your Campus Counselor or Student Disability Services.

Documentation attached? ❑ Yes ❑ No

Student Full Name: _____ Date: _____

Contact Phone: _____ Contact Email: _____

Program/Class Enrolled: _____ ❑ AM ❑ PM ❑ Evening

Campus: _____ Start/End Dates: _____

Disability Requiring Accommodation: _____

How does your disability affect your learning? _____

_____

_____

What Accommodation(s) are you requesting? Describe how you've used them in previous academic settings.

_____

_____

I hereby submit this form in support of a formal request for accommodation 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 Manual Section 10-Students and Section 11-Discrimination.

_____ _____
Adult Student Signature (Print Name and Sign) *Date* *Special Services Coordinator Signature* *Date*

_____ _____
Instructor Signature Required *Date* *Campus Counselor Signature* *Date*

Accommodation Review and Follow-up:

Date: _____

Meeting Notes: _____

_____

_____

Date: _____

Meeting Notes: _____

_____

_____

Participants Initial Here: _____ _____ _____ _____