

REQUEST FOR ACCOMMODATIONS

I, _____, am requesting the following accommodations from RCC Accessibility Services. I understand that accommodations are based on the functional limitations created by my disability as they impact the standards of the courses within the curriculum for which I am enrolled. I will provide the appropriate documentation stating my need and eligibility for the accommodation I request.

DISABILITY/DIAGNOSIS: _____

ACCOMMODATIONS REQUESTED:

_____	_____
_____	_____

Upon receiving the Authorized Accommodation Letter from Accessibility Services, I understand that I am responsible for ensuring each instructor receives a copy and making them aware of the accommodations for which I am eligible.

CURRENT IMPACT STATEMENT

Please indicate how your disability/condition impacts your functioning:

PERMISSIONS

If necessary, I permit Student Services staff to discuss the accommodation implementation and share educational information with appropriate RCC faculty/staff.

Student Signature

Date

Student ID

Office of Student Success

Date:

Confidential

Accessibility Services provide the information for the purpose of educational planning. We appreciate the respect for the student's confidentiality and the understanding that state and federal laws prohibit releasing this information to any other person or agency or for use in any manner for any other purpose. Students with disabilities are eligible for appropriate services stipulated under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Accessibility Services has received all necessary documentation substantiating the student's need for academic accommodations.