

SPECIAL ACCOMMODATIONS

Name: _____ **Date:** _____

ID#: _____ **Phone:** _____

Last 4 digits of SS#

Email: _____

Disability: _____ Learning _____ Psychological _____ Physical

Semester: Year: _____ Fall _____ Spring _____ Sum I _____ Sum II _____

Please initial one of the following:

_____ I am **NOT** requesting special accommodations.

_____ I am requesting the following special accommodations:

State your requests in specific terms in the space below.

I understand I must provide Ranger College with documentation of my disability before my requests can be considered. I also understand that I need to discuss my needs with the Director of Counseling before requests are considered. I give Ranger College authorization to obtain pertinent information about my disability from outside sources. I also give Ranger College authorization to release information about my disability to faculty/staff members as needed to fulfill my special accommodation requests.

Ranger College complies with the ADA and Section 504 by making reasonable accommodations for qualified students with disabilities.

Signed: _____