

Request for Accommodation Form

Name:		A Number:	Date:
Phone	Number:	Email:	
1.	Select Term: Fall	Spring	Summer
2.	Please select appropriate accommodations request:		
	Request the same	e accommodations as previo	ous term
		with the ADA Coordinator odations from pervious term	to review accommodations and potentially
3.	List information for each course for which you need an accommodation letter:		
	Class (ex. MTH100)	CRN # (ex. 10101)	Instructor (Jane Doe)
	1.	,	
	2.		
	3.		
	4.		
	5.		
	6.		
	(Please list additional co	urses on the back).	
4.		to take them to your insti ith envelopes pre-addresso	ructors. You will have 2 duplicate letters ed to this office.
5.	Review the letter with each instructor and sign both copies. The instructor keeps one copy and the other is returned to this office in the envelope.		
	Student Signature		Date
	ADA Coordinator Signatu	ire	Date

It is the policy of the Alabama Community College System and Reid State Technical College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity, or employment.