

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 accommodations as previous term | | |
| | Request to meet with the ADA Coordinator to review accommodations and potentially request different accommodations from pervious term | | |
| 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 courses on the back). | | |
| 4. | Return to pick up letters to take them to your instructors. You will have 2 duplicate letters for each course, along with envelopes pre-addressed 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 | ure | 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.