

Application for Accommodations

By completing this form, I understand that notice will be sent to my instructor(s) informing them of the services I will be receiving. I understand that I must complete a new request each semester. NOTE: If you change your course registration, notify the Accessibility Coordinator

Date _____ Program of Study _____

Tech ID # _____ Last Name _____ First Name _____

Address _____ City, State, Zip _____

Phone _____ Email _____

Signature _____

Disabilities (check all that apply)

- Autism Spectrum Disorder
- Chemical Dependency
- Deaf / Hard of Hearing
- Learning Disabled
- Psychiatric Disability
- Speech Disability
- Systemic Disability
- Visual Impairment / Blind
- Other _____

Please describe how your disability impacts your learning:

Complete and submit this application and DOCUMENTATION of your disability either IN PERSON or by FAX 763 5767 ATTN: Accessibility 6 H U Y L EMAIL: odffhvv@kate.edu # Q RUGHU IRU GRFXPHQ PHHW FULWHULD LW VKRXOG EH UHFHQW SUHIHUDEO\ ZLW QCG WQH SDOAW VWD WKH G Dce or application and documentation has been processed, you will be contacted via phone or email to schedule an appointment for an intake V H V L R Q