



Date:

DISABILITY SERVICES

Request for Accommodations, Auxiliary Aids and/or Services

This form is considered an official request for consideration of reasonable accommodations and must be submitted to the Counseling Director at least ten (10) business days before the beginning of the academic semester in which the accommodations are needed or as soon as the need arises. Documentation of the disability supporting the request for accommodations must also be submitted. *Accommodations must be requested by the student each semester that they are needed.*

STUDENT NAME:

Colleague ID:

Street Address: .

City, State, ZIP:

Phone:

E-mail Address:

Academic Program:

Faculty Advisor:

Disability or disabling condition:

Accommodations are requested for :

Term: Fall _____ Spring _____ Summer _____

Course(s)

The following accommodations are requested:

- Notetaker/Scribe
- Typist
- Interpreter
- Extended time testing
- Untimed testing
- Distraction-reduced environment for testing
- Alternative format testing
- Closed circuit television system
- Enlarged print materials
- Reader
- Audio Recording of lectures
- Assistive listening device
- Texts on audiotape or CD-Rom
- Assistive technology _____

Other (Please explain): _____

Rationale: _____

Student Signature

Date

Statement of Confidentiality. Western Nebraska Community College employees have an obligation to maintain confidentiality regarding a student's disability. To that end, the Dean of Student Services or designee will provide information to Western Nebraska Community College staff and faculty only when necessary in evaluating and/or facilitating accommodations, auxiliary aids and/or services. Except where permitted by law, disability information will not be shared with non-Western Nebraska Community College employees without the student's express written permission.

OFFICE USE ONLY: Documentation received? Yes No Date received: _____