

## Request for Accommodations

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations. The information requested below and documentation regarding your disability or need for accommodation to obtain career objectives in a program will be considered strictly confidential, and will not be furnished to any outside source without your permission. **Documentation of physical or mental impairment must be provided. You must return this form to the Disability Services Coordinator, Director of Student Support Services, or your instructor. Instructors, forward a copy of this form to the Disability Services Coordinator.**

Name: _____	Date of Birth: _____
Address: _____	
Telephone: _____	Program: _____

### **ACCOMMODATIONS REQUESTED:**

The following accommodations are requested. Please be specific, for example, "I will need a magnifying-glass to read."

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Your request for accommodation must be certified by an appropriate professional (licensed physician, licensed psychologist, approved agency, etc.) and documentation of physical or mental impairment must be attached.

### **CERTIFICATION OF NEED FOR ACCOMMODATION.**

This applicant has discussed with me the nature of the program, and it is my opinion that because of this applicant's disability he or she should be accommodated in the manner described above. The applicant was last examined on: \_\_\_\_\_ . My suggestions for advising, assisting, or helping this applicant with his/her career decisions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Name & Title*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Date*

Approved by: \_\_\_\_\_  
*Disability Services Coordinator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Great Plains Technology Center Administrator*

\_\_\_\_\_  
*Date*