



Accommodation Request Application

In order for Chattahoochee Valley Community College to address a request from a student or staff member for reasonable accommodations under the American with Disability Act, the interviewee must provide the College's ADA Coordinator with appropriate, current documentation of the condition for which accommodations are requested. Therefore, you are requested, but not legally required to use this form in order to begin the accommodation process. Upon completion of the form it will be reviewed by Vickie Williams, ADA Coordinator, located in Wilson Hall. You will be contacted if additional information and/or documentation are required to respond to your request for accommodation of your disability.

All information received by CVCC by way of this form or any other disability-related documentation will be kept confidential and only disclosed to the extent necessary in order for your request to be processed.

Name: _____

Student ID Number: _____

Home Address: _____

Home #: _____ **Work #:** _____

Cell #: _____

Email Address: _____

In case of emergency

Contact: _____

Relationship: _____ **Home #:** _____

Work #: _____ **Cell #:** _____

Program of Study: _____ High School graduate: _____ GED: _____

Nature of Disability
to be accommodated

- Deafness
- Hearing Impairment
- Blindness
- Visual Impairment
- Speech Impairment
- Mobility Impairment
- Coordination Impairment
- Strength Impairment
- Endurance Deficiency
- Learning Disability
- Attention Deficit Disorder
- Psychological Disorder
- Other (please describe)

Type of Activity
affected by Disability

- Reading
- Mathematics
- Writing
- Hearing
- Seeing
- Mobility
- Coordination
- Sitting
- Standing
- Speaking
- Physical Activity
- Lifting and/or Carrying
- Concentration
- Other (please describe)

Have you received, are you receiving, or will you be receiving assistance from any vocation rehabilitation agency or other social services or medical agency? Yes ___ No ___

If yes, please list the name, address, phone number, and type of assistance for each agency:

Agency: _____

Contact Person: _____

Address: _____

Phone Number: _____

Type of assistance: _____

Not receiving assistance but referred to:

Agency: _____

Contact Person: _____

Name and Address of physician or agency providing documentation:

Printed Name

Signature

Date

Absence Policy:

All Students are requested to contact their instructors regarding missed classes or makeup work. It is the student's responsibility to inform the instructors of any absences that may occur during the semester.

Accommodations:

The student must contact the Instructor or ADA Coordinator if he or she feels that the requested accommodations are not being met. Students who choose not to self-identify when they enter CHATTAHOOCHEE VALLEY COMMUNITY COLLEGE do not forfeit their right to identify themselves and to receive accommodations at a later date. However, CHATTAHOOCHEE VALLEY COMMUNITY COLLEGE is not obligated to provide accommodations or services for students with disabilities until students are registered with Disability Support Services, and make known their need for accommodations **each academic term.**

Student's Signature: _____

Date: _____

ADA Coordinator: _____

Date: _____

Return accommodation request form and supporting documentation to:

**Vickie Williams
ADA Coordinator
2602 College Drive
Phenix City, AL 36869
334-214-4803**