Craven Community College
Student Request for Accommodations Under the Americans with Disabilities Act

If you believe you will require an accommodation to assist you in meeting your academic requirements, return this completed form to the ADA Coordinator, Student Center, Room 121, 800 College Ct., New Bern, NC 28562. With this form, submit the appropriate, current, psychological evaluation or medical records that document your disability.

NAME	FIRST	M.I.	LAST		
STUDENT ID#		**DATE OF BIRTH**	MM	DD	YYYY
MAILING ADDRESS	STREET				APT#
CITY			STATE		ZIP
STUDENT EMAIL ADDRESS			**PHONE**		

Please describe your disability

Please describe the limitations or current impact imposed by your disability

Please list your requested accommodations

Acknowledgement and Consent: I understand and acknowledge that the determination of whether any accommodations of my disability requested by me will be made at the discretion of the College. In order to assist the College in making the determination of whether accommodations are appropriate for my disability, I hereby consent to the release to the appropriate personnel of any information contained in this form and any other information I have provided to the College concerning my disability.

_____ ____/____ /____

Student Signature Date

Revised: 4/2019