Date Received: _____ Copy Sent to: _____

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

Accommodation Policy: In keeping with the Americans with Disabilities Act of 1990, it is the policy of Craven Community College to provide students with disabilities every reasonable opportunity to participate in College courses and other activities. 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. The College will review this form along with your records and you will be contacted regarding your requested accommodations.

_____ _____
Name of Student – Please Print Date

_____ _____
Address Telephone Number

_____ _____
City State Zip email address

Please describe your disability and how you think it may limit your course participation.

_____

_____

_____

List your requested accommodations as specifically as possible. Documentation is required.

_____

_____

_____

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 revised 10/15