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, Ward Hall, Room 108, 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 O	F BIRTH	М	M	DD		YYYY
MAILING ADDRESS STREE		-								APT	T#	
CITY				STATE					ZIP			
STUDENT EMAIL ADDRESS								ı	PHONE		<u> </u>	
Please descr	ibe your	disability	1							•		
Please descr	ihe the li	mitation	s or curre	nt imnact im	mnosed	l hy you	r disahili	tv				
Trease deser	ibe the h	mitation	3 OI CUITCI	iii iiipact iii	прозси	i by you	T GISGOIII	<u>cy</u>				
Please list yo	ur reque	ested acc	ommodati	ions								
of my disabil determination	ity requent of where ersonnel	ested by rather according of any ir	ne will be i	made at the ns are appropriate	discret	tion of the	he Colleg lisability,	ge. I I he	n order to ereby conse	assist the ent to the	Colleg release	ommodations ge in making the e to the to the College
Student Sign						/	_/					
Student Sign	ature				Da	ate						

Revised: 7/2023