

SOUTHERN REGIONAL TECHNICAL COLLEGE

STUDENT ACCOMMODATIONS REQUEST FORM

Please complete all sections of this form in full. Once completed, this form must be emailed, faxed, or returned in person, along with all required supporting documentation, to the Office of Accessibility and Compliance. Incomplete forms or forms submitted without the required documentation may delay the review of your request.

SUBMISSION OPTIONS:

- Email: davera@southernregional.edu or malvarado@southernregional.edu
- Fax: 229-891-7010
- In person: Office of Accessibility and Compliance, Building A, 800 Veterans Parkway N, Moultrie, GA 31768

CONTACTS:

Darbie Raines, Director of Accessibility and Compliance
Maria Alvarado, Administrative Assistant for Accessibility and Compliance

If you have questions about this form or the required documentation, please contact the Office of Accessibility and Compliance using the information above.

STUDENT INFORMATION

Student Name: _____

Student ID Number: _____

Program of Study: _____

Campus Location: _____

Phone Number: _____

Email Address: _____

Semester/Term Requesting Accommodations For:

DISABILITY INFORMATION

Please indicate the nature of your disability (check all that apply):

- Learning Disability
- ADHD/ADD
- Psychological/Mental Health Condition
- Autism Spectrum Disorder

- Hearing Impairment
- Visual Impairment
- Mobility/Physical Disability
- Chronic Health Condition
- Temporary Medical Condition
- Other: _____

REQUESTED ACCOMMODATIONS

Please check any accommodations you are requesting:

- Extended testing time
- Reduced-distraction testing environment
- Note-taking assistance
- Permission to record lectures
- Accessible classroom seating
- Assistive technology
- Alternative format textbooks/materials
- Sign language interpreter
- Captioning services
- Flexible attendance considerations
- Assignment extensions (when appropriate)
- Other: _____

Please describe how your disability impacts your educational experience and explain the accommodations you are requesting:

DOCUMENTATION

Please attach current documentation from a qualified professional supporting your accommodation request. Documentation should include:

- Diagnosis or disability information
- Functional limitations
- Recommended accommodations
- Professional credentials and contact information

Student Certification

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I understand that accommodations are not retroactive and may require additional documentation before approval.

Student Signature: _____

Date: _____

Disability Services Office Use Only

Date Received: _____

Documentation Received: Yes No

Meeting Date: _____

Approved Accommodations:

Coordinator Signature: _____

Date: _____