



PROGRAM/CLASS ACCOMMODATION REQUEST FORM

You have made a request for accommodations for your program/class. To help us process your request for accommodations, please complete the following information and submit it with your documentation of disability:

Name _____ Student # _____

Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Email: _____ Cell # _____ High School
Attended _____

Are you enrolled at MATC? _____ Program/Class _____

What is your disability? *Note: MATC retains the right to request additional medical certification of your claimed disability.*

Accommodations requested:

Why do you need the requested accommodation(s)?

Do you need a sign language interpreter? _____ Yes _____ No

Are you deaf? _____ Yes _____ No Are you hard of hearing? _____ Yes _____ No

What language do you prefer? _____ ASL _____ PSE _____ Signed English

I give permission for the Staff of Student Accommodation Services to discuss my disability and educational accommodation needs with the faculty, staff, counselors, and deans of the program that I am in/applying for and the medical professional providing the Documentation of Disability that I have submitted in order to determine reasonable accommodations.

Applicant Signature

Date

Student Accommodation Services: Date Received _____ Documentation Attached _____

Action Taken and Date:

09/27/2024SAS:jl