



## **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.jlb