

Milwaukee Area Technical College
Student Accommodation Services
700 W. State Street
Milwaukee, WI 53233
accmservices@matc.edu
(414) 297-6750 - phone
(414) 297-7705 - fax



Title IX

ACCOMMODATION REQUEST FORM

You have made a Title IX 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 _____ Phone _____

Email Address _____

Are you enrolled at MATC? _____ Program/Class _____

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

Describe your condition.

Accommodations requested. Please include dates of classes, assignments, and tests affected:

Why do you need the requested accommodation(s)?

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:

9.27.2024/SAS/cab