



**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 or Social Security #: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ V or TDD \_\_\_\_\_

Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_ FAX \_\_\_\_\_

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:

3.4.15 SAS.cab