



COLLEGE OF THE ALBEMARLE

Accessibility Services

Phone: 252-335-0821 ext. 2256

Fax: 252-335-2011

Email: accessibility@albemarle.edu

Request for Accommodations

Name of Student (Please print)

Student ID Number

Address

Program of Study

City, State, Zip Code

Telephone (Home)

COA Email Address

Telephone (Cell)

I, _____, am requesting accommodations from the Accessibility Services at College of The Albemarle. I understand that accommodations are based on the functional limitations created by my disability as they impact the standards of the courses within the curriculum for which I am enrolled. I will provide, to COA Accessibility Services, the appropriate supporting documentation (on a separate form) of the disability as defined by ADA and Section 504 from a qualified professional. Documentation should be current (within the past five years) and will be used to evaluate requests for reasonable accommodations.

Supporting documentation should include:

- A. a current (within the past five years) diagnostic statement identifying the disability;
- B. the date of the current diagnostic evaluation;
- C. the credentials of the diagnosing professional.

Supporting documentation may include:

- A. the date of the original diagnosis;
- B. a description of the diagnostic criteria and/or the diagnostic test used;
- C. a description of the current functional impact;
- D. all treatments, medications, assistive devices/services currently prescribed or in use; and;
- E. professional recommendations regarding accommodations and services.

I further understand that Educational Accommodation Plans will be provided to my instructors to make them aware of the accommodations for which I am eligible. Notifications to instructors by the coordinator or designee do not remove the student's responsibility to communicate with their instructors about using their accommodations requiring student requests for each use.

Signature of Student

Date

Signature of Coordinator, Accessibility and Student Conduct

Date

To be completed by COA Accessibility Services:

Date Request Received: _____