



Cloud County Community College Request for Accommodation of a Disability

*Please fill out this form and return to
Disability Services*

To Be Completed By Student:

Name _____ Student ID _____
Last First

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Campus location: (please circle) Concordia Geary County Campus Online

Disability:

ACCOMMODATIONS: Based on your disability, what are the anticipated accommodations you will need in college in order to have equal access. Approval is based on supporting documentation of disability. *(Examples of potential accommodations: extended testing time, note-taking assistance, larger fonts)*

I understand that CCCC requires disability-related information and documentation to provide services.

I understand that if I request accommodation, the Disability Services may need to consult with other CCCC personnel. I give my permission to have disability-related information shared with appropriate personnel on a need to know basis to facilitate such requests.

Student's Signature: _____ Date: _____

In order to ensure that accommodations are provided in a timely manner, appropriate documentation of disability should be submitted six weeks in advance of receiving approved accommodations. Once documentation is received, you will meet with a Disability Services staff member to discuss accommodations, procedures, and policies. Information regarding disability is kept in the Disability Services Office and is not a part of the student's permanent record.