



REQUEST FOR ACCOMMODATIONS FOR RETURNING STUDENTS 2016-2017

"No otherwise qualified individual with a disability shall, solely by reason of his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." - Section 504 of the Rehabilitation Act of 1973 protects the civil rights of individuals with a qualified disability.

A "qualified person with a disability" is defined as one who meets the requisite academic and technical standards required for admission or participation in the postsecondary institution's programs and activities.

Accommodations that create a fundamental alteration of a course or program of study will not be provided.

General Information:

Name: _____

Today's Date: _____ **Date of Birth:** _____

Student ID Number: _____ **Social Security Number:** _____

Primary Phone: _____ **Secondary Phone:** _____

Street Address: _____

City: _____ **County:** _____ **State:** _____ **Zip Code:** _____

Email: _____

Armed Forces Status: Active Duty Veteran Not Applicable

Semester : _____ **Year:** _____

Class	Instructor	Course Type	Day(s)	Time	Building/ Room #

Campus Attending: La Plata Leonardtown Prince Frederick Waldorf

If you would like to request this form in an alternative format, please contact Disability Support Services at 301-934-7614 or via email

Disability Information: Check all documented disabilities that apply to you:

<input type="checkbox"/>	ADD/ADHD – Attention Deficit Disorder	<input type="checkbox"/>	Mental or Emotional/ Psychiatric Disorder
<input type="checkbox"/>	Arthritis (Severe)		Specify Type: _____
<input type="checkbox"/>	Autism Spectrum Disorder/Asperger’s Syndrome	<input type="checkbox"/>	Mobility Impairment
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Multiple Sclerosis
<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>	Muscular Dystrophy
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Orthopedic Impairment
<input type="checkbox"/>	Epilepsy/Seizure Disorder		Specify Type: _____
<input type="checkbox"/>	Hearing Impaired:		
	<input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing	<input type="checkbox"/>	PTSD - Post Traumatic Stress Disorder
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Speech Impairment
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>	Spinal Cord Injury
	Specify Type: _____	<input type="checkbox"/>	Stroke
<input type="checkbox"/>	Loss of Limb	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Medical Disability:	<input type="checkbox"/>	Visual Impairment
	Specify Type: _____		<input type="checkbox"/> Blind <input type="checkbox"/> Low Vision
<input type="checkbox"/>	Other: _____		

Medication:

List any medications you are currently prescribed and/or taking and any side effects of these medications that adversely affect: your daily activities:

List schedule and accommodations requested for: *(Do not state "same as last semester.")*

Semester: _____ Year: _____

X Signature: _____ Date: _____

Parent or guardian if student is under 18:

X Signature: _____ Date: _____

Students with disabilities who need assistance should register with the Disability Support Services (DSS) office on the campus they are attending. If an individual with a disability is alone during an emergency, they should contact the campus security office and provide their present location. The security office can be contacted by a cell phone, a campus emergency telephone, or an office telephone

If you would like to request this form in an alternative format, please contact Disability Support Services at 301-934-7614 or via email.