REASONABLE ACCOMMODATION REQUEST



Please check one: ____Student ____ Employee

SECTION T	O BE COMPLETE	D BY STUDEN	T/EMPLOYEE			STUDENT/	EMPLOYEE REQUEST
Name:			Date of Request:				
Student ID#/Employee ID#:			Date Accommodation Needed:				
College L	ocation: (circle or	ne)					
Ashland	Balsam Lake	Hayward	Ladysmith	New Richmond	Rice Lake	Superior	Shell Lake
Describe 1	the disability an	d how it affe	cts your educ	ation/work:			
Accommo	odation(s) you a	re requestino	g:				
provide cu severity of order to es must dem learning (s requested, on the sp Complaint	urrent documents f the disability, stablish that an in constrate that the student) or wor , the documentat pecific informati	ation of their as well as dedividual is concerning in the concerning is contained abilities.	disability. The escribe how it overed under A has a disability (ee). If accommust support the din the docined in Admin	documentation sho t interferes with ed DA and Section 504 y and it substantial mmodations, acade ne request. Appropr sumentation. Pleas istrative Procedures	uld provide in lucational ach of the Rehab ly limits and mic adjustme riate accommo se attach red G-111A/J-11	nformation relievement or oblitation Act of impacts the ents and/or odations will quired docurlA, Reasonak	equesting services musegarding the onset and work performance. It of 1973, documentation major life activity of auxiliary aids are being be determined based mentation to this form ole Accommodation fo
 Student/E	mployee Signa				Date		
FOR COLL	EGE USE ONLY					CC	OLLEGE RESPONSE
Accommod	ation is: Ap	proved	Not Approved				
Accommod	ation Plan and Effe	ctive Date:					
Revisions or	changes to above	plan and date	implemented:				
 HR (emplo	yee)/Dean of Stu	 dents (studen	 t) Signature			 Da	 nte