



# REASONABLE ACCOMMODATION REQUEST

Please check one:  Student  Employee

**SECTION TO BE COMPLETED BY STUDENT/EMPLOYEE** **STUDENT/EMPLOYEE REQUEST**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Student ID#/Employee ID#: \_\_\_\_\_ Date Accommodation Needed: \_\_\_\_\_

College Location: (circle one) Ashland Hayward Ladysmith New Richmond Rice Lake Superior Shell Lake

Describe the disability and how it affects your education/work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accommodation(s) you are requesting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To ensure the provision of reasonable and appropriate accommodations, the student or employee requesting services must provide current documentation of their disability. The documentation should provide information regarding the onset and severity of the disability, as well as describe how it interferes with educational achievement or work performance. In order to establish that an individual is covered under ADA and Section 504 of the Rehabilitation Act of 1973, documentation must demonstrate that the individual has a disability and it substantially limits and impacts the major life activity of learning (student) or working (employee). If accommodations, academic adjustments and/or auxiliary aids are being requested, the documentation provided must support the request. Appropriate accommodations will be determined based on the specific information submitted in the documentation. Please attach required documentation to this form. Complaint/appeals information is contained in Administrative Procedures G-111A/J-111A, Reasonable Accommodation for Student/Employee with Disabilities.

\_\_\_\_\_  
Student/Employee Signature Date

**FOR COLLEGE USE ONLY** **COLLEGE RESPONSE**

Accommodation is:  Approved  Not Approved

Accommodation Plan and Effective Date: \_\_\_\_\_

\_\_\_\_\_

Revisions or changes to above plan and date implemented: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
HR (employee)/Dean of Students (student) Signature Date