



**Student Accessibility Services**  
**APPLICATION FOR ACCOMMODATIONS AND SERVICES**

Students who are seeking accommodations and services on the basis of a disability are required to submit documentation of their disability to Student Accessibility Services. In accordance with State Board of Education Rule 6A-20.111(2), the documentation must be sufficiently recent, as determined by Student Accessibility Services. Documentation should include a valid and reasonable assessment of the student's needs; be specific and conclusive, demonstrating that the student has physical, emotional or mental impairment(s) which substantially limit(s) one or more major life activities, as well as showing how the disability will substantially limit the student's ability to meet the minimum full-time load requirements.

Student Accessibility Services maintains the right to reject documentation that does not verify a student's disability or justify the need for reasonable accommodations and maintain the option of seeking a second, professional opinion regarding documentation presented to verify disabilities. Documentation costs are borne by the student, as are costs of obtaining additional documentation and must be on file with Student Accessibility Services in order for appropriate services to be provided.

In accordance with State Board of Education Rule 6A-20.111(1), the documentation submitted must be prepared by a professional who has expertise in the area related to the disability in question and be a licensed physician; a licensed psychologist; a licensed school psychologist; a certified school psychologist; a licensed audiologist; a licensed speech-language pathologist; or, a certified school speech-language pathologist.

**Name:**

**Student ID #:**

**Phone Number:**

**CFK Email:**

- Disability:**    Hearing    Physical    Psychological    Speech    Visual  
Specific Learning Disability    Autism Spectrum    ADHD  
Anxiety Disorder    Traumatic Brain Injury    Intellectual Disability  
PTSD    Other: \_\_\_\_\_

\_\_\_\_\_ Please initial here to give permission to Student Accessibility Services to release any medical/ psychological/ psychoeducational documentation to the following agency:

Agency Name:

Phone Number:

Address:

City, State, Zip Code:

I am requesting the following services to accommodate my disability:

- Enlarged Print       Extended Time Testing       Interpreter       Note Taker
- Reader for Tests       Priority Seating       Private Room Testing       Limited Distraction Testing
- Use of a Computer       Other: \_\_\_\_\_

I am requesting the following equipment to accommodate my disability:

- Table       Chair       Tape Recorder       Smart Pen
- Other: \_\_\_\_\_

\_\_\_\_\_ Please initial here to give permission for Student Accessibility Services to share with members of the administration and/or faculty any classroom diagnostic and/or instructional information pertaining to me for the purpose of assisting me in my studies and coursework.

I understand that Student Accessibility Services will keep a copy of my documentation for 3 years after my last term of attendance. The College is not responsible for supplying me with copies of my documentation or sending copies to other institutions. I understand that I should retain my original documentation for future use.

I understand that services are approved on a case-by-case basis and documentation of the disability must support the requested accommodations. It is the student's responsibility to notify Student Accessibility Services of any changes or concerns with a schedule, instructor, or accommodation. I must contact the Office of Students with Disabilities each semester to request accommodations.

By signing I am acknowledging that I understand and agree to the Student Accessibility Services policies and procedures as outlined above. I understand that I am responsible for communicating my needs to the Coordinator for Student Accessibility Services. I must communicate with my instructors in regard to my accommodations and needs. I also understand that I am responsible for following the course syllabus and attendance policy for each course.

X

\_\_\_\_\_  
Student Signature

X

\_\_\_\_\_  
Student Accessibility Services Staff

Do you want to register to vote?

Yes     No

Do you want to update your existing voter registration?

Yes     No