



Cloud County Community College Request for Accommodation of a Disability

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

To Be Completed By Student:

Name _____ Student ID _____
Last First

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

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

Disability:

Accommodation Type: Academic Housing Facial Covering Other

If other, please explain: _____

ACCOMODATIONS: 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, single occupancy housing, assistance animal in housing, no face covering, etc.)

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

I understand that if I request accommodation, the Director of Student Accessibility Services may need to consult with other CCC 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 the Director of Student Accessibility Services to discuss accommodations, procedures, and policies. Information regarding disability is kept in the Accessibility Services office and is not a part of the student's permanent record.