

**REQUEST FOR SERVICES AND ACCOMMODATIONS**  
**For Students with Disabilities**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Program: \_\_\_\_\_

NMC Email: \_\_\_\_\_

Please indicate the type of disability for which you are seeking accommodations:

\_\_\_\_ ADD/ADHD

\_\_\_\_ Speech impairment

\_\_\_\_ Hearing impairment

\_\_\_\_ Psychological disability: \_\_\_\_\_

\_\_\_\_ Learning disability

\_\_\_\_ Visual impairment

\_\_\_\_ Motor impairment: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Medical: \_\_\_\_\_

Describe the problems, if any, your disability causes in an academic setting. Explain how you have solved these problems in the past: \_\_\_\_\_

Type of Accommodation Requested, if known (*please be as specific as possible*): \_\_\_\_\_

Type of accommodations received in the past (*please be as specific as possible*): \_\_\_\_\_

Reason for Requested Accommodation (*i.e., how will the requested accommodations address your disability needs*): \_\_\_\_\_

**NOTE:** By signing this form you are voluntarily disclosing your disability and request for reasonable accommodations. You understand that for your accommodations request to be considered, you must meet with the Coordinator of Academic Success to discuss your request and qualified disability. You also understand that you may be requested to provide documentation of your disability and need for accommodations from a qualified professional (*Guidelines for documentation from a qualified professional are also available online*).

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

Date: \_\_\_\_\_

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