



ADA Release and Statement Form

I give the ADA/504 Coordinator permission to issue letters/emails to my instructors informing them that I am a student in need of academic accommodations.

I understand that it is my responsibility as a student to meet with the ADA/504 Coordinator before the start of each semester to inform them of my new class schedule and instructor list by completing a new Request for Accommodation Form. Accommodations are not retroactive and therefore it is best to meet with ADA coordinator a few days before classes begin each semester.

Name: _____ Student Number: _____

Address: _____

Phone: _____ Email address: _____

Student Signature: _____ Date: _____

ADA/504 Coordinator Signature: _____ Date: _____

Accommodations:

Please note that assessment documentation has to be current.

PSYCHIATRIC DISABILITIES – NO MORE THAN 1 YEAR

ADHD, LEARNING, COGNITIVE, MOBILITY, SENSORY, SYSTEMIC, & TRAUMATIC BRAIN INJURY – NO MORE THAN 3 YEARS OLD.