



## Temporary Accommodation Request Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Cell/Work/Other \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Student ID \_\_\_\_\_

Campus  North Mankato  Faribault Current Major \_\_\_\_\_

Please describe your temporary condition and how it affects your functioning at school:

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Projected length of temporary impairment: \_\_\_\_\_

Based on your temporary condition, check the service(s) that you will need in order to have equal access.  
(Approval is based on supporting documents)

Testing

Support Persons

Environment

- Extended Time
- Reader
- Writer
- Other: \_\_\_\_\_

- Lab Assistant
- Note Taker
- Reader
- Writer

- Adjustable Table
- Special Seating
- Special Chair
- Parking

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

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## **Statement of Confidentiality**

The staff in the Academic Support Center agrees to keep all information you share with us in strictest confidence. Under the Privacy Act we are unable to disclose any information without your consent. However, we are required by law to disclose any information in the following situations; when we become aware of child abuse; when an individual clearly presents danger to self or others; or when we are subpoenaed for records or testimony by the courts.

I, \_\_\_\_\_ have read the above Statement of Confidentiality and fully  
(Full Name)  
understand its terms and conditions.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## **Disability Services Documentation Guidelines**

It is the responsibility of the individual seeking accommodations to provide adequate documentation before accommodations are delivered. Any cost of obtaining this documentation is the student's responsibility.

The student will need to send or bring the following to the Academic Support Center, as appropriate.

Documentation should include:

- Recent diagnosis/condition from a medical physician on letterhead – prescription pads are not acceptable.
- Description of present symptoms, explanation of how the temporary disability might affect one's life skills and performance within an academic setting including the impact of medication, and suggested classroom and/or testing accommodations.

Documentation of your condition must be provided to the ASC office before accommodations will be scheduled. Return this request form and documentation to:

Marilyn Weber, Director of Disability Services  
South Central College  
1920 Lee Boulevard  
North Mankato, MN 56003

This form can be made in alternate format by contacting the Academic Support Center at 507-389-7339 or 1-800-722-3959 (Voice) or 507-389-7200 (TTY).