

Trinity Valley Community College Request for Accommodations Form

This request is for the

semester. Please remember that the student must submit a NEW request form every semester that accommodations are being requested.

If you need modifications or reasonable accommodations due to a disability, they will be provided if at all possible. Trinity Valley Community College is committed to providing qualified students with any reasonable accommodation to provide equal access to education.

- ❖ You must submit a request in writing, using the accommodation request form, every semester you are enrolled. Please submit the request form and accompanying documentation to the following designated representative for that campus.
Athens Campus accommodation coordinator: Melinda Berry, mlberry@tvcc.edu or 903-675-6224, Baugh Technology 311A
Terrell Campus accommodation coordinator: Cherie Henson, chenson@tvcc.edu or 972-563-4932
Palestine Campus accommodation coordinator: Natalie Brown, natalie.brown@tvcc.edu or 903-723-7033
Health Science Center accommodation coordinator: Jeffrey Ballom, jballom@tvcc.edu or 469-614-3804
- ❖ You must submit an appropriate physical/psychological evaluation or TCB/DARS referral (that clearly documents disability and supports the need for this modification).
- ❖ To provide appropriate scheduling, you must turn in your request form in to your campus coordinator at least two weeks prior to when the modification is needed. For scheduling of interpreters and modified equipment, please allow four weeks.
- ❖ Services or modifications that are abused will be discontinued (i.e., failure to show up for scheduled services or classes). All students are expected to abide by the Student Code of Conduct as outlined in the Student Handbook.

Please complete the following questions.

Name _____ Telephone Number _____

Local Address _____ Semester _____

Please explain in detail how your disability may affect your access to a college education:

Types of modifications you have had in the past in testing and educational settings:

Specific types of modifications requested:

I have read and understand the information on the accommodations request form. I agree to comply with the procedure and stipulations. I certify that the information I have provided is accurate and true and can be shared with the appropriate faculty/staff, if accommodations, academic adjustments, and/or auxiliary aids are needed.

Signature

Date