

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 qualify for reasonable accommodations due to a medical or psychological diagnosis, 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, Palestine & Terrell HSC campus accommodation coordinator: Melinda Berry, mlberry@tvcc.edu or 903-675-6224, Baugh Technology room 323
- ❖ **Terrell campus accommodation coordinator:** Cherie Henson, chenson@tvcc.edu or 972-563-4932
- ❖ You must submit an appropriate physical/psychological evaluation or TCB/DARS referral (that clearly documents disability and supports the need for this modification).
- ❖ Accommodations will be in place once the request form is received. There is no deadline to request accommodations, but accommodations cannot be retroactive. Submit your form early in order to secure accommodations for the entire semester. For scheduling of interpreters and modified equipment, please allow four weeks.
- ❖ Accommodations 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
