



Office of Student Assistance

Disability Accommodations Request

Completion of this form is voluntary. However, if there is no voluntary disclosure and documentation of a disability, Iowa Western will not be able to provide accommodations. The information supplied on this form is confidential; it will only be released with your permission.

Name		SSN#
Address		City, State, Zip
Campus Phone	Permanent Phone	Email Address
College Major/Area of Study		Student ID#

Please check all disabilities that apply:

- | | |
|---|---|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Motor Impairment |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Medical - Please Specify:
_____ | <input type="checkbox"/> Emotional/Mental Illness |
| | <input type="checkbox"/> Other _____ |

Please list high schools or colleges that you are currently attending or did attend:	
Please list the name of any agency, counselor or health representative with whom you are working (Vocational Rehabilitation, etc.):	

Please list any academic accommodations, classroom modifications, or other disability services that you feel are necessary in order to participate fully in IWCC-sponsored academic and non-academic programs:
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I understand that acceptable documentation must be on file at IWCC in order for accommodations to be provided. . **I also understand that the Disability Staff may discuss relevant accommodation issues, excluding those specifically pertaining to the disability, with parents and/or faculty as needed.**

Student Signature: _____ Date _____