

Disability Accommodations Request Form

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 _____ ID# _____

Address _____ City, State, Zip _____

Permanent Phone _____ Email Address _____

College Major/Area of Study _____

Please check all conditions 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 any agency or counselor currently providing services to you (i.e. Voc Rehab, Therapist, Psychiatrist, 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:

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 faculty and staff as needed.**

Student Signature: _____ Date: _____

Please Contact the Disability Services Office with any questions:

Office Hours: Monday – Friday 7:30 a.m. – 4:30 p.m.

disabilityservices@iwcc.edu | 712.325.3299 | www.iwcc.edu