



**ADULT STUDENT  
REQUEST FOR ACCOMMODATION OR MODIFICATION  
AMERICANS WITH DISABILITIES ACT OF 1990**

Created 10/2008

You may complete this form electronically or print and prepare in written form  
Paper versions of this form are available from any Campus or Department Director  
and in the office of Human Resources

Student Full Name	Date
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Complete Mailing Address	Acceptable documentation attached? (see page 2)	YES <input type="radio"/> NO <input type="radio"/>
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Contact phone	Contact e-mail
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Program/Class Enrolled
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Disability requiring accommodation
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Requested accommodation (Request must include supporting documentation)
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Administrator Signature REQUIRED <span style="float:right">Date</span>	Adult Student Signature REQUIRED <span style="float:right">Date</span>
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Accommodation (s)
District Responsibility
Adult Student Responsibility

**REQUESTS MUST INCLUDE SUPPORTING DOCUMENTATION TO ASSIST EXPEDITED PROCESSING**

I hereby submit this form in support of a formal request for accommodation or modification as covered by the Americans with Disabilities Act. I understand that my request will be considered in a manner compliant with law and TTC Board of Education Policy GEN 1, Non-Discrimination.	Adult Student Signature (Print Name & Sign) <span style="float:right">Date</span>
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**TTC Administration Use Only (Staff or Administrator attach other documents explaining request and/or accommodation)**

Instructor Signature REQUIRED <span style="float:right">Date</span>	Administrator Signature REQUIRED <span style="float:right">Date</span>
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Other Signature (if applicable) <span style="float:right">Date</span>	Follow-up Accommodation reviewed on: _____ (Date) Student Signature <span style="float:right">Administrator Signature</span>
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