



## ACCOMMODATIONS REQUEST FORM

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Disability as described on IEP or documentation: \_\_\_\_\_

Have you submitted documentation of your disability? \_\_\_ Yes \_\_\_ No

Do you qualify for Vocational Rehabilitation? \_\_\_ Yes \_\_\_ No

If yes, who is your VR Counselor? \_\_\_\_\_

By signing this form, I hereby grant permission to Pratt Community College to release information to appropriate instructors and staff concerning my special needs for use of academic accommodations while enrolled at Pratt Community College.

Not all accommodations are available to all students. You must have submitted documentation of your disability and be approved for the requested accommodations before services will begin. Please check the accommodation(s) you believe you will need throughout your enrollment at Pratt Community College.

Academic Year \_\_\_\_\_

\_\_\_ Audio Textbooks

\_\_\_ Note-Taker/Digital Recorder (circle preferred option)

\_\_\_ Extended Test Time

\_\_\_ Non-Distractive Testing Environment

\_\_\_ Test Reader

\_\_\_ Calculator (Not permitted for Basic Applied Math)

\_\_\_ Multiplication/Addition Table for Math Exams

\_\_\_ Other (please list) \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Send this form to:**  
Student Success Center  
Pratt Community College  
348 NE SR 61  
Pratt, KS 67124  
Voice: (620) 450-2135  
Fax: (620) 450-2285