

Request for Accommodation

Any individual who has a physical or mental impairment or limitation described as a disability under the Americans With Disabilities Act (ADA) may request reasonable accommodations for learning and testing. To request accommodations because of a disability, submit this form as soon as possible. **Include with this form documentation on official letterhead from a physician, school official, licensed psychiatrist, licensed psychologist, or other appropriate authority.** This documentation should identify your disability, the functional impact of your disability, and the needed accommodations. Students requesting accommodations for a learning disability must submit results of a recent comprehensive psycho-educational evaluation.

Name: _____ Date: _____
Last First M. I.

Address: _____
Number Street

City State Zipcode

Daytime Telephone Number: _____

Description of Disability: _____

Accommodations Requested: _____

Signature: _____

Please return this form with documentation to:

Meridian Technology Center
Kristi Akehurst
1312 South Sangre Rd.
Stillwater, OK 74074

kristia@meridiantech.edu

Once we receive the necessary documentation, we will review it and notify you of the status of your request.