



Accessibility Services
Technology Center, Room 8150
845-574-4541

Semester of Enrollment (circle one) Fall Spring Summer Winter, 20_____

ASSESSMENT EXAM ACCOMMODATION REQUEST FORM

NAME: _____ Student ID #: _____

ADDRESS: _____

City _____ State _____ Zip Code: _____

Phone # _____ Cell: _____ Email: _____

Emergency Contact: _____ Phone # _____

Are you applying to the RCC High School Program? Yes _____ No _____

Please indicate your High School Name _____

Graduation Date ____/____/____ Type of HS Degree: HS Diploma ____ GED ____ IEP Diploma ____

PLEASE SELECT REQUESTED ACCOMMODATION

_____ Extended Time on Writing Subsection

_____ Assistive Technology:

_____ Enlarged Text

_____ Other _____

Student Signature _____ **Date:** ____/____/____

All accommodation requests must be supported by your disability documentation on file with Accessibility Services. College policy requires that a **qualified professional** provide current and comprehensive documentation. A qualified professional includes a psychologist, medical doctor or other qualified healthcare professional.

PLEASE RETURN REQUESTS ALONG WITH COMPLETE DOCUMENTATION TO:

Accessibility Services Technology Center, Room 8150

Rockland Community College

145 College Road, Suffern, New York 10901-36

Fax: 845-574-4594