

620.343.4600 | 800.711.6947 | FAX: 620.343.4610

www.fhtc.edu

3301 WEST 18TH AVENUE | EMPORIA, KANSAS 66801

CONFIDENTIAL FORM

To: Vice President of Student Services
Flint Hills Technical College

Name: _____ Social Security Number: _____
Last First

Address: _____
City State Zip

Date: _____ Home Telephone: _____ Work Telephone: _____
mm/dd/yyyy

Each semester you will need to notify the Vice President of Student Services after registration about what classes you are enrolled in. Please fill in the appropriate information below or e-mail this information to lkirmer@fhtc.edu.

PROGRAM INFORMATION

Term: Fall Spring

Program of Study: _____

Instructor(s): _____

To file a request for accommodation, you must contact the Vice President of Student Services and complete the appropriate information on the Request for Accommodation and Academic Support form and return it to the Vice President of Student Services.

You must also file a Disability Information Sheet and a signed Release of Information form that will allow the Vice President of Student Services to communicate with the appropriate personnel in order to address your particular accommodation.

IT IS THE RESPONSIBILITY OF THE INDIVIDUAL STUDENT TO REQUEST ACCOMMODATION OR AUXILIARY AIDS AT LEAST SIX (6) WEEKS BEFORE CLASSES, PROGRAMS, OR ACTIVITIES BEGIN, OR AS SOON AS REALISTICALLY POSSIBLE.