

CONFIDENTIAL DOCUMENT

To: Vice President of Student Services
Flint Hills Technical College

Name: _____ Social Security Number: _____
Last First

Address: _____
City State Zip

Home Telephone: _____ Work Telephone: _____

IDENTIFY NATURE OF REQUIRED SERVICE OR ACCOMMODATION

Testing accommodation, if requested in a timely manner:

Academic support services:

Auxiliary aids:

Other:

I understand that I must provide medical or other diagnostic documentation of my disability and limitations, prepared by a qualified physician, psychologist, or professional, to the Vice President of Student Services.

Student Signature: _____ Date: _____
By checking this box you have created an electronic signature as legally binding as your hand-written signature.
mm/dd/yyyy

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.

AVAILABILITY OF AUXILIARY AIDS

IT IS THE STUDENT'S RESPONSIBILITY TO MAKE WRITTEN REQUEST FOR ASSISTANCE IN OBTAINING SPECIALIZED SUPPORT SERVICES FROM OTHER RESOURCES such as State Vocational Rehabilitation, Recordings for the Blind, State Services for the Blind, etc. For example, the Division of Vocational Rehabilitation (DVR) may fund such items as transportation to the institution, tuition, text books, hearing aids, and other individually prescribed devices.