Texas State Technical College Marshall

Learner Support Services--Disabled Student Services

REQUEST FOR CONSIDERATION FOR REASONABLE ACCOMMODATIONS

All information in diagnostic medical, psychological, and educational reports will be maintained and used in accordance with applicable confidentiality requirements

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I. GENERAL INFORMATION

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____
Street City State Zip

Telephone Number: _____ Current e-mail Address: _____

Program of study: _____

Classification: _____Beginning Student> Semester you will begin: _____
_____Current Student
_____Transfer Student

II. BASIS FOR REQUEST

What is the nature of your impairment? (Check all that apply)

_____	Learning Disability	_____	Visual Impairment
_____	Attention Deficit Disorder	_____	Hearing Impairment
_____	Chronic Health Disorder	_____	Mobility Impairment
_____	Psychological Impairment	_____	Other

Please use the space provided to explain any area checked above:

_____
_____
_____

Please list the accommodations you will likely request:

_____
_____
_____
_____

III. EXCHANGE OF INFORMATION

In order to explore possible coverage and reasonable accommodations, it is often necessary for the Coordinator of LSS to discuss the documentation the student has submitted to our office with providers such as licensed physicians, psychologists or other qualified professionals, and to discuss the student's impairment with their parents and Texas State Technical College Marshall faculty and professional staff. I hereby give permission for members of the staff of Learner Support Services at Texas State Technical College Marshall, to exchange information regarding the documentation I have submitted to the Office of Disabled Student Services with my provider(s) (physician, psychologist, or other qualified professional), and to discuss my impairment with my parents and Texas State Technical College faculty and professional staff. I understand that my refusal to authorize consent may result in a denial of accommodations.

_____ _____
(Student Signature) (Date)