

Anoka Technical College
OFFICE ON DISABILITIES
APPLICATION FOR ACCOMMODATIONS

By completing this form, I understand that a notice will be sent to my instructor(s) informing them of the services I will be receiving. **I understand that I must complete a new request each semester. NOTE: If you change your course registration, notify the Coordinator.**

Date _____ Program of Study _____
ID # _____ Last Name _____ First Name _____
Address _____ City, State, Zip _____
Phone# _____ Email _____
Signature _____

Disabilities: Check on all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Acquired / Traumatic Brain | <input type="checkbox"/> Mental Impairment |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Mobility Disability |
| <input type="checkbox"/> Asperger's | <input type="checkbox"/> Psychiatric Disability |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Speech Disability |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Systemic Disability |
| <input type="checkbox"/> Deaf / Hard of Hearing | <input type="checkbox"/> Visual Impairment /Blind |
| <input type="checkbox"/> Learning Disabled | <input type="checkbox"/> Other _____ |

Please describe how your disability impacts your learning: _____

Please list the desired accommodations you have used in the past / would like to obtain: _____

****FOR OFFICE USE ONLY****

Date rec'd: _____ Date contacted/initials: _____ Intake Date: _____ ISRS _____

Comments: _____

After completing this application, **submit this application and ALL DOCUMENTATION of your disability IN PERSON, FAX – 763/576-4821 ATTN: Office on Disabilities, or EMAIL (lbranstrom@anokatech.edu)**. Once your application and documentation has been processed, you will be contacted via phone call to set up an appointment for an intake.