

**REQUEST FOR ACCOMMODATION**

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodations. The information requested below, and any documentation regarding your disability or need for accommodation to obtain career objectives in a program, will be considered **strictly confidential** and will not be furnished to any outside source without your permission.

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (Apartment Number) (City) (State) (Zip Code)

Telephone (include area code): \_\_\_\_\_

Accommodation requested for the \_\_\_\_\_ Program.

ACCOMMODATION REQUESTED:

The following accommodations are requested. Please be specific, for example, "I will need a magnifying glass to read."

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(If needed, use the back of this sheet for additional explanation or detail.)

\_\_\_\_\_  
Name Date

CERTIFICATION OF NEED FOR ACCOMMODATION  
(to be completed by an appropriate professional)

This applicant has discussed with me the nature of the program, and it is my opinion that because of this applicant's disability he or she should be accommodated in the manner described above.

\_\_\_\_\_  
Signed Title

\_\_\_\_\_ (Date applicant was last examined)

We would welcome your suggestions as to how we may best advise and help this applicant with his or her career decision.

SUGGESTIONS:

Approved \_\_\_\_\_, SWTC Administrator