



WICHITA AREA TECHNICAL COLLEGE

**CONFIDENTIAL**

Send to: Disability Services  
Wichita Area Technical College  
4004 N Webb Rd,  
Wichita, Ks 67226  
316.677.1912 Fax 316.677.9555

**WICHITA AREA TECHNICAL COLLEGE**  
**Request for Accommodations and Academic Support**

Wichita Area Technical College (WATC) works with students to ensure a positive educational experience. To do this, student assistance is needed to address particular needs. Please complete the information below and sign a Release of Information to allow the Director, Career & Disability Services, to communicate with the appropriate personnel.

Date \_\_\_\_\_ Course of Program of Study \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**Please Provide Disability Information/Disability Description Below:**

- Vision \_\_\_\_\_
- Mobility/Ortho \_\_\_\_\_
- Hearing \_\_\_\_\_
- Learning Disability \_\_\_\_\_
- Speech \_\_\_\_\_
- Other \_\_\_\_\_

**Please list Nature of Requested Services or Accommodations below:**

Testing accommodations, if requested in a timely manner: \_\_\_\_\_

Academic support services: \_\_\_\_\_

Auxiliary aids: \_\_\_\_\_

Other: \_\_\_\_\_

**Accommodations and Auxiliary aids** Students are responsible for requesting accommodations or auxiliary aids. Requests should be made at least two weeks before courses, programs or activities begin. Students are responsible for making a written request for assistance to obtain specialized support services from other resources such as State Vocational Rehabilitation, Recordings for the Blind, State Services for the Blind, etc. Example: The Division of Vocational Rehabilitation may find such items as transportation to the institution, tuition, text books, hearing aids and other individually prescribed devices. 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 Director, Career & Disability Services.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_