

COAHOMA COMMUNITY COLLEGE

Disability Support Services
3240 Friars Point Road Clarksdale, MS 38614 Ph: (662) 621-4853 Fax: (662) 624-6424

STUDENT SELF-IDENTIFCATION AND REQUEST FOR REASONABLE ACCOMMODATIONS/MODIFICATIONS FORM

Name of Student		E-mail	E-mail		
Social Security/ID#					
Major	Campus Loca	tion	Date		
Classification (Please che Freshman	• /	homore	Transfer	_ Dual	
Which of the following of services? (Please check only one		escribes your p	orimary request for d	isability support	
Attention-Deficit Disorder	Orth	opedic/Mobility	Impairment		
Blindness/Visual Impairment	Psyc	hological Disord	er (Be specific)		
Deafness/Hearing Impairmen	t Spec	ech/Language Dis	sorder		
Learning Disability	Trau	matic Brain Inju	ry		
Other (Be specific)					
Select the service(s) you	ı would like for	us to provide	to you.		
Preferential seating		Aut	Authorization Consent		
Examinations and quizzes given orally		Ele	Elevator key (Humanities/Physical Science Building)		
Extended time on tests		No	Note-taker		
Testing in a non-distracting environment		En	Enlarged materials		
Peer Tutoring		Alt	ernate Course Request		
Taped tests					
Taping classroom lectur	es (must sign form)			
Copy classmates/instruc	tor notes to supplen	nent own			
Handicapped parking					
Adequate-warning device	ces in dorms				

Access to audio text books
Interpreters, readers, lab assistants, aides, etc.
Classroom location (accessibility)
Special dorm provisions
Mobility assistance
Instructional Support
Additional time for completing assignment (Specifics must be worked out with each instructor.)
Other: Be Specific
Student Signature

This form must be completed and returned to: Wanda G. Holmes, Director of Human Resources/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614, Phone: (662)621-4853, Email: wholmes@coahomacc.edu