

____ Initial
____ Renewal

Self-Identification as a Person With Disability(ies)/Application for Accommodation

Name _____ Date of Birth _____

Street Address _____ PO Box _____

City _____ State _____ Zip _____ Phone _____

Email _____

Emergency Contact _____
Name Phone Relationship

Are you in high school? _____ If so, which high school do you attend? _____

Vocational Rehabilitation Counselor _____ Phone _____
Address _____

Washburn Tech Program _____ Advisor _____

Washburn Tech Instructors _____

I attend or will attend Washburn Tech during the Fall Semester 20____ Spring Semester 20____

Disability/Disabilities _____

Limitations to learning because of the disability/disabilities _____

Accommodations helpful in mediating limitations to learning _____

I wish to self-identify as a person with the above listed disability/disabilities. I understand I must provide adequate, current information documenting my diagnosis and current limitations necessitating any desired accommodations. Once eligibility has been established, it may take up to 8 weeks for accommodations to be fully arranged so I need to make arrangements well in advance of the semester beginning, whenever possible. I agree to discuss implementation of accommodations with faculty and request the faculty member's signature on the *Accommodations Confirmation Sheet* that I will get from and return to the Testing/ADA Coordinator's Office. I will meet with the Testing/ADA Coordinator at least twice each semester to discuss the effectiveness of requested accommodations. I understand the importance of collaborative communication among the Testing/ADA Coordinator, Student Services staff, faculty and me in the process of establishing services to support my success at Washburn Tech.

Signature _____ Date _____

Return to: Washburn Institute of Technology, ADA Coordinator, 5724 SW Huntoon, Topeka KS 66604
For questions please call 785-670-3365 or email gloria.christian@washburn.edu