

 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	ime	Phone	Relationship		
Are you in high school?	If so, which high school				
Vocational Rehabilitation (Address			Phone		
Washburn Tech Program_		Advisor			
Washburn Tech Instructor	S				
l attend or will attend Was	shburn Tech during the	Fall Semester 20_	Spring Semester 20		
Disability/Disabilities					
Limitations to learning bed	cause of the disability/disa	abilities			
Accommodations helpful i	n mediating limitations to	learning			
information documenting accommodations. Once elarranged. I agree to discussignature on the Accommo	my diagnosis (3 years or le ligibility has been establisl ss implementation of acco adations Confirmation She se of collaborative commu	ess) and current limita hed, it may take up to ommodations with facter that I will get from nication among the Ca	es. I understand I must provide curtions necessitating any desired 8 weeks for accommodations to bulty and request the faculty memband return to the Campus Advocatempus Advocate, Student Services ashburn Tech.	e fully er's e. I	
Signature		Date			

Return form to Washburn Institute of Technology's Campus Advocate , 5724 SW Huntoon Street, Topeka, KS 66604, or drop off to Office Suite AC117, or by email shelley.bearman@washburn.edu. For questions call 785-670-3364.

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