



This form to be completed by the individual requesting ADA accommodations

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Home/Cell Phone: _____

Email address: _____

Beginning Quarter/Year this request applies: _____

Requests for accommodations are reviewed to ascertain how the individual has a “substantially limiting condition as defined by the Americans with Disabilities Act” (ADA).

Accommodations are made upon the approval of the designated ADA Coordinator, Darla Dolph—Academic Support and Career Services Coordinator, upon receipt of documentation completed by a licensed physician who is experienced in diagnosing the specific disability.

Specifically for students: Grades that have already been posted on exams, papers, projects or in overall classes prior to receiving documentation and approval cannot be changed. Any accommodations or services provided will be in effect only after final evaluation of the disability documentation is completed.

In the space below, please list specific classroom accommodations and explain the need based on the documented disability. Please provide any additional information you believe would be helpful by attaching additional sheets as necessary.

Type of Accommodation Requested	Reason Accommodation Needed



Policy Appendix

ADA Part I—Accommodation Request Form

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By my signature below, I affirm that I have read, understand, and will comply with the Platt College ADA Policy 03:05:00. I further agree and understand that Platt College works toward reasonably accommodating individuals, and that any accommodation deemed “*unduly burdensome*” will not be approved.

Signature: _____ Date: _____

Return to:

Darla Dolph, MS, Academic Support and Career Services Coordinator
Phone: 303-369-5151 x 231, Email: darla.dolph@plattcolorado.edu
Platt College 3100 South Parker Road, Aurora, CO 80014