



Accommodations Request

Student Info

First Name _____

Last Name _____

Middle Name _____

Name Preferred _____

Student ID # _____

NPRC email _____

Student Cell Phone Number _____

Specific Accommodation Information

My diagnosis falls into the following category/categories:

- ADD/ADHD
- Autism
- Hearing
- Visual
- Learning
 - Math
 - Reading/Dyslexia
 - Writing
 - Other
- Medical
 - Arthritis
 - Cancer
 - Cardiac Disease
 - Diabetes
 - Epilepsy
 - Traumatic Brain Injury
 - Other
- Emotional/Psychological
 - Anxiety
 - Bipolar
 - Depression
 - PTSD
 - Other

- Physical/Mobility
- Temporary Disability (6 months or less)
 - Concussion
 - Injured Arm/Hand
 - Injured Leg
 - Other

How does your disability affect you academically?

What academic accommodations do you need? (Please describe the accommodations you are requesting. All accommodations are assigned on a case-by-case basis.)

- _____
- _____
- _____

Semester I would like my requested accommodations to begin.

- Spring 2021
- Summer 2021
- Fall 2021

Once this document has been reviewed, you may be asked to submit additional documentation. Should that be necessary, you will receive the appropriate form the NPRC Support Services coordinator to take to your health providers. You will be emailed the forms should they be required to assist in the determination of your accommodations request.

Once completed, please return this form to NPRC Support Services via one of the below options:

Email: supportservices@rrcnpa.org

Mail to:

Northern Pennsylvania Regional College
ATTN: Support Services
300 2nd Avenue
Suite 500
Warren, PA 16365

Fax: **814-313-7320**