



Accommodations Request Form

Student Information

First Name _____

Last 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; please specify _____
- Medical
 - Arthritis
 - Cancer
 - Cardiac Disease
 - Diabetes
 - Epilepsy
 - Traumatic Brain Injury
 - Other; please specify _____
- Emotional/Psychological
 - Anxiety
 - Bipolar
 - Depression
 - PTSD
 - Other; please specify _____

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

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 requesting accommodations

- _____

Semester accommodations are for (if different from above)

- _____

Once this document has been reviewed you may be asked to submit additional documentation. Should that be necessary NPRC Office of Disability Support Services will provide guidance to you for your next steps.

Please return this completed form to NPRC Office of Disability Support Services via one of the options listed below.

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