



Prescott College

Accommodation Request Form

Please complete all sections of this form to ensure your request is processed. You can submit it by printing and scanning a manual copy or by editing the file via Adobe. To schedule a meeting regarding your accommodations, please send your availability to accommodations@prescott.edu.

Name: _____

Email: _____

Phone# _____

Degree: _____

Date of Birth: _____

Diagnosis/Condition:

Please provide the details for each of your enrolled classes below. If your course requires an e-book, please include those specific details in the following section:

1. Course # & Title: _____

Instructors Name: _____

Title: _____

Author: _____

ISBN: _____

2. Course # & Title: _____

Instructors Name: _____

Title: _____

Author: _____

ISBN: _____

3. Course # & Title: _____

Instructors Name: _____

Title: _____

Author: _____

ISBN: _____

4. Course # & Title: _____
Instructors Name: _____
Title: _____
Author: _____
ISBN: _____

5. Course # & Title: _____
Instructors Name: _____
Title: _____
Author: _____
ISBN: _____

Requested Academic Accommodations (Please select all that apply):

- Advanced receipt of syllabi
- Assigned note-taker, assistive technology, accessible seating
- E-Format textbooks
- Extended time for assessments and assignments
- Priority registration
- Provision of accessible/alternate media formats
- Testing in a distraction-minimized setting
- Text-to-speech
- Other: _____

Housing Accommodation Requests (Please select all that apply):

- Permission for emotional support animal
- Private room for medical reasons

Supporting Documentation

- Physician/Psychologist letter on official letterhead included

Authorization to Release Information

I hereby authorize my healthcare provider to disclose relevant medical documentation to Prescott College Accommodation Team to verify my eligibility for academic accommodations. I have also read and agreed to the handbook received.

Student Signature: _____ **Date:** _____