

Campus Location: Coon Rapids or Cambridge

Date of Application: _____

Application for Accommodations

SECTION 1:

Last Name: _____ First Name: _____

Student ID: _____ ARCC Email Address: _____@my.anokaramsey.edu

Mailing Address: _____ City/State/Zip: _____

Phone Number (Home): _____ Phone Number (Cell): _____

SECTION 2:

****Appropriate documentation MUST be included with this application to qualify for services****

Diagnosis (Check all that apply):

 Learning Disability Limited Vision Psychiatric/Psychological Deaf Blind Speech Disability Hard of Hearing Mobility Disability Autism Spectrum Cognitive Impairment ADD/ADHD Asperger's Syndrome Chemical Dependency Systemic Disability TBI Other (Please specify): _____****After this application and appropriate documentation have been received by the Office for Students with Disabilities (OSD), you will be contacted by OSD Staff to schedule an appointment to set up your accommodations******www.AnokaRamsey.edu**

2. Please describe how your disability impacts your learning:

3. Please list the desired accommodations you have used in the past/would like to obtain:

Alternative Testing: _____

Books in Alternate Format: _____

Note taker: _____

Priority Registration: _____

Audio Record Lectures: _____

Assistive Technology: _____

Other: _____

SECTION 3:

After completing this application, submit this application and **ALL DOCUMENTATION** of your disability in person, by mail (Anoka-Ramsey Community College, Attn: Disability Services, 11200 Mississippi Blvd NW, Coon Rapids, MN 55433), by fax 763-433-1521 (Attn: Disability Services), or by email: disabilityservices@anokaramsey.edu.
Phone 763-433-1350

IMPORTANT

****Once your application and documentation have been processed, you will be contacted via phone call to set up an appointment for an intake.****

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