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

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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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