Accommodation Request Form

Student Contact Information:
Full Name: ____________________________________________________
Student ID or Star ID: _________________ Student Phone Number: ____________
Email Address: ____________________________________________________
Which semester are you requesting accommodations to start? ______________

Disability Information:
What is your disability or disabilities? ___________________________________________
________________________________________________________________________
________________________________________________________________________
How does our disability impact you as a student? ______________________________
________________________________________________________________________
List any current medications and/or treatments you receive and any related side effects:
________________________________________________________________________
________________________________________________________________________

Potential Accommodations:
What accommodations/services are you requesting? ______________________________
________________________________________________________________________
________________________________________________________________________
What accommodations/services have you used in the past? _______________________
________________________________________________________________________

Incoming students: Are you requesting accommodations for the assessment tests (e.g. Accuplacer, CLEP, etc.)? Yes _____ No _____

Feel free to attach any additional information

Please mail to the campus you will be attending:

Ridgewater College Hutchinson
Disability Services Office
Attn: Terry Grinde
2 Century Ave SE
Hutchinson, MN 55350

Ridgewater College Willmar
Disability Services Office
Attn: Jay Morrison
2101 15th Ave NW
Willmar, MN 56201

This form is available in alternative formats such as large print, audio, or Braille, by calling (800) 722-1151