

# Accommodation Request Form

## Accessibility & Disability Services Office



**RIDGEWATER**  
COLLEGE

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### Student Contact Information:

Full Name: \_\_\_\_\_

Student ID or Star ID: \_\_\_\_\_ Student Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

For which semester are you requesting accommodations to start? \_\_\_\_\_

### Disability Information:

What is your disability or disabilities? \_\_\_\_\_

How does your 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  
Accessibility & Disability Services Office  
Attn: Sarah Fosso  
2 Century Ave SE  
Hutchinson, MN 55350

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