

# 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: Elisabeth Mumford  
2 Century Ave SE  
Hutchinson, MN 55350

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