

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
Accessibility & Disability
Services Office
Attn: Elisabeth Mumford
2 Century Ave SE
Hutchinson, MN 55350

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