

REQUEST FOR ACCOMMODATION FORM

ASCC Department of Student Services

Counseling Division

Request for Accommodation

Name: First	Last	ASCC ID#
Cell Phone:	Email:	Address:
High School / Year Graduated	Anticipated year of graduation from ASCC: _____	Transfer Student <input type="checkbox"/> VA Student <input type="checkbox"/>
Scholarship Recipient (circle answer) Yes No	Major(s):	Career Objective(s):

Please indicate your disability. Check all that apply

In as much detail as possible, describe how the diagnosed condition impacts you as a student and/or in an educational setting.
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What types of accommodations have been helpful to you in the past?*

Have you required any of the following services? ____ NOTE TAKER ____ DOCUMENT CONVERSION OR ALTERNATIVE TEXT (I.E. BRAILLE, ENLARGED TEXT AUDIO FORMAT ____ SIGN LANGUAGE INTERPRETER ____ CAPTIONING/TRANSCRIBING ____ PRIVATE TUTORS ____ PERSONAL CARE ATTENDANT SERVICE/ASST. ANIMAL Other

What types of accommodations and/or services are you requesting at ASCC?
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Are you a client of the American Samoa Office of Vocational Rehabilitation?

Confidentiality Statement

The Department of Student Services [DOSS] is responsible for receiving and maintaining personal /disability-related documentation and information for students with personal issues / disabilities at ASCC. All documentation in the student's file is treated confidentially and will not be released to anyone including student's parents/guardian/caregiver without the student's written consent or confidentiality release signed by the student.

Student Signature: _____ Today's Date: _____