



MESALANDS COMMUNITY COLLEGE

Disability Self-Identification: Accommodation Request Form

It is the policy of Mesalands Community College to ensure that all college services, facilities, and accommodations are meaningfully accessible to qualified persons with disabilities in accordance with the Americans with Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1973, and other pertinent federal, state, and local disability anti-discrimination laws.

Reasonable accommodations will be made on an individual basis. It is the responsibility of persons with disabilities to seek available assistance and to make any needs known.

The information obtained on this form will be released only to individuals responsible for providing assistance to students with disabilities.

Name: _____ SSN: ____-____-_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____-_____

Type(s) of Disability: _____

Requested Accommodations (Include Classes/Activities):

Student Signature

Date

Parent/Guardian Signature
(If under 18 years of age)

Date

Documentation Needed:

Physician Letter or Evaluation and/or

Licensed Therapist or Licensed Mental Health Professional Letter or Evaluation

*****Documentation must be on official letterhead; dated within the last three years and clearly state disability diagnosis(es) and limitations/impacts due to diagnosis(es).*****

*If you have questions concerning this procedure, contact Allyssa Zukevich at
allyssaz@mesalands.edu or 575-461-6605 ext. 6605*