



Wallace Community College Selma
Americans with Disabilities Act
Request for Reasonable Accommodations

Name _____ W# _____

Telephone _____ Address _____

City/State/Zip Code _____

Title I of the ADA of 1990 states that any information regarding a disability through medical, psychological, educational, other professional reports, and student-self report is considered confidential unless student permits disclosure. *

*Please be advised that in order to carry out appropriate accommodations some disclosure of information will be necessary. Please consult with the ADA Coordinator about extent of disclosure.

Please specify limitation to be accommodated:

1. _____
2. _____
3. _____

Please specify request of accommodation(s)**

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

Documentation attached: yes no

**WCCS reserves the right to request documentation of