



**MOUNT
MARTY**

DISABILITY SERVICES

Request for Accommodations

I, _____, am requesting the following accommodations at Mount Marty College due to a physical, psychological, or learning disability.

- 1.
- 2.
- 3.
- 4.
- 5.

_____ I have submitted the appropriate documentation to Disability Services.

_____ I am requesting temporary accommodations, which are expected to resolve by: _____

_____ I have arranged for the appropriate documentation to be forwarded to MMC Disability Services.

_____ I plan to go through testing to verify my disability and will release the results/recommendations to MMC Disability Services.

Date testing is scheduled: _____

Student signature: _____ **Date:** _____

Phone: (____) _____

E-mail: _____