



# ACCOMMODATIONS REQUEST FORM

## For Continuing Education Class, High School Completion Exam or Certifying Exams

**For office use:**

CE staff \_\_\_\_\_

Class instructor \_\_\_\_\_

**Accommodations approved:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This form allows you to request accommodations for a Kirkwood Continuing Education class or exam. Information provided on this form is considered confidential. In addition, you will need to provide written documentation to verify your need for accommodations. **Please complete this form and provide documentation at least two weeks prior to the start of class.** Return this form and documentation to: Learning Services Department, Room 2063 Cedar Hall, Kirkwood Community College, 6301 Kirkwood Blvd SW, Cedar Rapids, IA 52406.*

**Contact Information:**

\_\_\_\_\_  
First Name                      Last Name                      (maiden name – if applicable)

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Street Address                      and/or                      Box #

K# \_\_\_\_\_

Kirkwood ID # (if applicable)

\_\_\_\_\_  
City    State    Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Primary Phone #

Preferred Email address: \_\_\_\_\_

Who at Kirkwood referred you to request accommodations for this class/exam? \_\_\_\_\_

**Class Information:**

Name of class or exam: \_\_\_\_\_ Section#/Class ID \_\_\_\_\_

Start and end date of class or exam: \_\_\_\_\_ Instructor's name: \_\_\_\_\_

Class/exam location: City: \_\_\_\_\_ Building: \_\_\_\_\_ Room # \_\_\_\_\_

**Please describe your disability and the type of assistance you'll need for this class or exam:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature acknowledges that I am requesting accommodations for this class because of my disability and am able to provide documentation of this disability.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**\*\*This form needs to be completed for each Continuing Education class or exam you take.**