DMACC
DES MOINES AREA COMMUNITY COLLEGE

# *APPLICATION FOR ACCOMMODATION*

The purpose of this application is to gather information to assist in providing reasonable accommodation for students with disabilities at Des Moines Area Community College (DMACC). Return this completed Application for Accommodation, along with supporting documentation to:

Disability Services Office, Disability Services Coordinator
Des Moines Area Community College
2006 South Ankeny Blvd., Bldg. 6-10A
Ankeny, IA 50023-3993
FAX: (515) 965-7150 Phone: (515) 964-6234

| Student's First Name | Preferred Name | Middle Initial | Last Name |
|---|---|---|---|

| Student's Address | City | State, Zip |
|---|---|---|

| Phone Number | Campus | DMACC ID# |
|---|---|---|

Semester: ☐ Current Student ☐ Fall ☐ Spring ☐ Summer Program of Study _____

Academic Area ☐ Credit classes ☐ HiSET ☐ Dual Credit/High School ☐ Non-credit ☐ ESL ☐ NCRC

***Please explain how your disability affects, limits, or impacts you as a student by completing the following:***

What is your disability? _____

How does your disability affect your daily life and academics _____

Specify the nature of the requested accommodation(s), including any equipment, aids, or services:

- ☐ Testing Outside Classroom
- ☐ Extended Test Time
- ☐ Test Reader: Text-to-speech software
- ☐ Textbooks in alternate format
- ☐ Other _____
- ☐ Instructor PowerPoints
- ☐ Audio Record Lecture
- ☐ Note taker
- ☐ Calculator
- ☐ Preferential Seating
- ☐ Accessible Seating
- ☐ Sign Language Interpreters



***Ankeny Campus***
*2006 S. Ankeny Blvd*
*Ankeny, IA 50021-3993*
*515-96 -6200*

***Boone Campus***
*1125 Hancock Dr.*
*Boone, IA 50036-5399*
*515-432-7203*

***Carroll Campus***
*906 N. Grant Rd.*
*Carroll, IA 51401-2525*
*712-792-1755*

***Newton Polytechnic Campus***
*600 N 2"" Ave. W.*
*Newton, IA 50208-3049*
*641-791-3622*

***Urban/DSM Campus***
*1100 7th St.*
*Des Moines, IA. 50314-3049*
*515-244-4226*

***West Campus***
5959 Grand Ave.
WDM. IA 50266-5302
515-633-2407

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Review Policy ES 4610 (Reasonable Accommodation for Students with Disabilities) for a full description of the application, evaluation, and appeal process associated with reasonable accommodation of an applicant for admission or student with a disability,

The Disability Services Coordinator will make a determination regarding your application within ten (I0) working days of the date of this application and will inform you of the decision in writing or in some other form appropriate to your disability.

**Statement of Agreement:**

I (student) understand the DMACC Disability Services-Coordinator and/or Disability Services Office staff may have access to this Accommodation file, as well as academic and other records of the College, while maintaining confidentiality at all times. I further understand it may be necessary for the DMACC Disability Services Coordinator and/or Disability Services Office staff to release/exchange information with other DMACC staff with legitimate educational interest in regard to my education. By completing this form, I agree to such exchange of information. I understand this is effective for the duration of enrollment as a student at DMACC. I understand that if my circumstances change it is my responsibility to contact the Disability Services Office.

**Statement of Consent to Share Information:**

I understand my consent is effective for the duration of enrollment as a student at DMACC. I understand that if my circumstances change it is my responsibility to contact the Disability Services Office.

I (student) **give** the Disability Services Coordinator at DMACC permission to release/exchange information with third parties outside of DMACC: (Please check all that apply)

- ☐ Name _____ Relationship to student _____
- ☐ Name _____ Relationship to student _____
- ☐ Name _____ Relationship to student _____
- ☐ Name _____ Relationship to student_____

**By signing, I agree my signature confirms I have completed this form.**

Printed Student Name: _____

Student Signature: _____

Date: _____



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