



504 Accommodation Request

Student's Name: _____ Date: _____

Program: _____

Student's Phone Number _____ Student Email _____

Student Address: _____

Instructions:

1. Complete this form
2. Attach documentation of your disability
3. Sign and date this request
4. Return the form to the Career Advisor/Student Advocate
5. Schedule to meet with the Career Advisor/Student Advocate and administration

In your own words, describe your disability.

How does your disability interfere with your learning and/or testing?

What accommodations are you requesting?

Student Signature

Date

Parent/Guardian Signature (if student is under the age of 18)

Date

**Please return this form with attached documentation to the office of
the Career Advisor/Student Advocate located in the northeast corner of building C
or email to kweiszbrod@tcr.edu/tcr.edu.**