

Believe it. Achieve it.

## **ADA Accommodations Request Form**

Southern Union State Community College would like to make every effort to provide reasonable accommodations to ensure your success. If you feel you need accommodations, please complete this form and return it to the ADA Coordinator located on the campus where you plan to attend: Robin Brown, (Valley Campus), Cydney Mathews (Opelika Campus), Carol Howell (Wadley Campus).

Name:			Student #				
Address:							
_	\$	Street	City		State	Zip	
Phone:							
Email:	il:			Birth Date::			
Sex:	Ethnicity:		Tra	Transient Student? Yes No			
schedules mester.	ust be subr	supported by pro nitted to the ADA ecommodations you a	Coordinator				
	he Disabili	ty to be Accommo	<del></del>				
☐ Deafness		_	g Disability	□ Ot	her (Plea	se Describe)	
☐ Hearing I	mpairment	☐ ADHD/A	ADD				
☐ Blindness		☐ Psycholo	ogical Disorder				
☐ Visual Im	pairment	☐ Health-l	Related				
☐ Mobility I	mpairment						
	_	t this information mailes require this inform	•				
Student's Sign	ature:			Date:			
		ADA C 12	4				
Robin Brown-V	alley Campus	ADA Coordin		rol Howel	l, Wadley C	ampus	
Phone:334-756-4 Email: rbrown	151, Ext. 5204	Phone: 334-745-6437, I Email: cmathews@su	Ext. 5488 P	hone: 256-3	95-2215, Extowell@suscc.	5. 5151	

**NOTE**: Federal regulations prohibit colleges from making inquiries regarding a disability, which a potential student may have prior to admission. Information regarding a disability, voluntarily given or inadvertently received will not affect a student's admission to Southern Union State Community College. Acceptance into a specific College program, however, is contingent upon the student meeting the minimum physical condition and skills requirements, as well as the academic requirements.