

## ACCOMMODATIONS INTAKE

### General Information (Please print or type the following information).

Date of Birth _____		College ID Number _____	
Street Address _____		City _____	State _____ Zip _____
Home Phone Number _____		Cell Phone Number _____	
Email Address _____			

### College Information

College Street Address _____		City _____		State _____	Zip _____
Semester Requesting:	Fall	Spring	Summer	Year _____	Major _____
Campus:	Algona	Emmetsburg	Estherville	Spirit Lake	Spencer

### Accommodation Request (What accommodations are you requesting?)

- Extended Time for Tests/Quizzes
- Testing in Reduced Distraction Environment
- Reader for exams/quizzes
- Sign Language Interpreter
- Alternate Formats (Braille, Large Print)
- Peer copy of notes
- Lectures recorded
- Scribe
- Audio version of textbooks

Other \_\_\_\_\_

Other \_\_\_\_\_

### What is the purpose for the accommodation?

- Deaf/Hard of hearing
- Visually impaired
- Speech/Language impairment
- Mobility
- Traumatic brain injury
- Learning Disability
- ADHD/ADD
- Autism spectrum
- Cognitive difficulties

Chronic health condition (Please specify) \_\_\_\_\_

Emotional (Please specify) \_\_\_\_\_

Other \_\_\_\_\_



## ACCOMMODATIONS INTAKE

I am requesting accommodations to compensate for my disability and to assist me in meeting educational requirements.

I give permission to discuss my accommodation information with Iowa Lakes Community College professors, administration, and necessary staff persons to establish accommodation procedures. This is for educational purposes only.

Iowa Lakes Community College has my permission to contact my previous disability service or education provider(s) for information relative to accommodating my educational needs.

I understand that acceptable documentation of my disability must be on file before an accommodation can be made and that the documentation **MUST VERIFY MY NEED FOR THE REQUESTED SUPPORT.**

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Signature of Applicant

Date

**Electronic Signature Agreement:** You agree your electronic signature is the legal equivalent of your manual signature on this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

PLEASE FAX, MAIL, OR HAND DELIVER THIS FORM ALONG WITH PROFESSIONAL DOCUMENTATION TO:

Jody Condon, Educational Counselor

Iowa Lakes Community College

3200 College Drive, Emmetsburg, IA 50536

Phone: 712-852-5219 FAX: 712-852-2152 Email: [jcondon@iowalakes.edu](mailto:jcondon@iowalakes.edu)

It is the policy of Iowa Lakes Community College not to discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion and actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code §§216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

If you have questions or complaints related to compliance with this policy, please contact Kathy Muller, Equity & Title IX Coordinator, 19 South 7th Street, Estherville, IA 51334, 712.362.0433, [kmuller@iowalakes.edu](mailto:kmuller@iowalakes.edu), or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312-730-1560, fax 312-730-1576.

A formal discrimination complaint process is published in the Student Handbook, Employee Handbook, and the Affirmative Action Plan of the College.