STUDENT ACCOMMODATIONS REQUEST FORM

PERSONAL INFORMATION

Start Term: _____
Note: Please indicate the term when you would like to start your services. Example: Fall 2020

Hawkeye Student ID#: _____
Hint: Provide the ID Number listed on the back of your student ID, if available.

Full Legal Name: _____

Preferred Name (Optional): _____

Birth Date: _____
Hint: Enter date in the following format Month / Day / Year (i.e. 12/31/2000)

Gender:
☐ Female
☐ Male
☐ Prefer not to Answer
☐ _____

Preferred Pronouns:
☐ She / Her / Hers
☐ He / Him/ His
☐ They / Them / Theirs
☐ Prefer not to Answer
☐ _____

CONTACT INFORMATION

Cell Phone Number: _____

Alternate Phone Number: _____

Local Address: _____

City: _____   State: _____   Zip Code: _____

Email Address: _____
Hint: Hawkeye Student Accessibility Services will use the hawkeyecollege.edu address for all official email contact.

HAWKEYE STATUS

Enrollment Status:
☐ Current Student
☐ Concurrent Student
   High School Student & Hawkeye Student
☐ Business & Continuing Education Student
☐ Adult Learning Center Student
☐ Prospective Student

Affiliations:
☐ Athletics
☐ TRiO
☐ Veteran
☐ Vocational Rehabilitation
☐ Transitional Alliance Program (TAP)
☐ International Student
☐ Iowa Workforce

Program/Major: _____

PLEASE CHECK THE BOX OR BOXES THAT BEST DESCRIBE YOUR ACCOMMODATION REQUESTS

☐ ACADEMIC ACCOMMODATIONS   ☐ ACCUPLACER ACCOMMODATIONS   ☐ TEAS ACCOMMODATIONS   ☐ OTHER ACCOMMODATIONS

DISABILITY IMPLICATIONS

THESE QUESTIONS ARE TO BE COMPLETED BY THE STUDENT.

Please describe your physical or mental disability, illness, condition, or disease.

_____

_____

_____

Please describe how your disability affects, limits, or impacts your performance as a student.

_____

_____

_____

If your disability creates a problem in class attendance, please explain how.

_____

_____

_____

Please list the accommodation (s) you are requesting at Hawkeye. Please include any equipment, auxiliary aids, assistive technology, and / or other services you may need while at Hawkeye.

_____

_____

_____

I certify that the foregoing statements are complete, accurate, and true to the best of my knowledge. I also understand the college may ask for further documentation from appropriate professionals for the purpose of establishing the existence and extent of my disability, illness, condition, or disease and the relation to my need for a reasonable accommodation, if any.

Student Signature: _____

Date:_____

Complete and Return to:

Student Accessibility Services
Hawkeye Community College
P.O. Box 8015
Waterloo, IA 50704-8015
Fax: 1-319-296-1028
Email: accessibility@hawkeyecollege.edu
Phone: 1-319-296-4014