

APPLICATION FOR ACCOMMODATIONS

PERSONAL INFORMATION Last Name \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_

Date \_\_\_\_\_ (Male or Female)

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alternative phone \_\_\_\_\_

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What is your training program?

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Upon Completion of your training program do you plan to attend another institution to further your education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which one? \_\_\_\_\_

VP of Student Services and Marketing  
Tooele 7 H F K College  
88 South Tooele Blvd.  
Tooele, UT 84074  
435-248-1800

Email:

**CONTACT INFORMATION** This information is needed to document your disability

Vocational Rehabilitation  
Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Department of Workforce Services  
Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Therapist/Psychologist \_\_\_\_\_ Phone \_\_\_\_\_

Veterans Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Other Support service providers \_\_\_\_\_ Phone \_\_\_\_\_

**DISABILITY INFORMATION** Explain as fully as you can. Use additional paper if needed

Describe your **DISABILITIES** (Include diagnosis information)

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How will your disability **LIMIT** or **AFFECT** your activities at the college?

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How can we help you? What **ACCOMMODATIONS** will you need or requesting?

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Please list accommodations that you have received at other schools \_\_\_\_\_

Comments or concerns about your training

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_



## ADA INFORMATION RELEASE FORM

I, \_\_\_\_\_ authorize the ADA Coordinator to receive, discuss, seek clarification and share information via telephone, e-mail, or in person regarding registration, grades, disability, limitations, accommodations and service information with the following individuals:

## T 7 ( & ) STUDENT RESPONSIBILITIES

INSTRUCTIONS: Please read each of t he