

# East Mississippi Community College

Request for consideration for reasonable accommodation\* based on disability. All information obtained in diagnostic medical, psychological, and educational reports will be maintained and used in accordance with applicable confidentiality requirements.

## 1. General Information

Name \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact Number: \_\_\_\_\_ Current e-mail: \_\_\_\_\_  
Area Code Number

Classification: \_\_\_ Beginning Student \_\_\_ Transfer – Semester you will begin: \_\_\_\_\_  
\_\_\_ Current Student \_\_\_ Other (please explain) \_\_\_\_\_

## 2. Educational Goals

- \_\_\_ Take a few course that interest me
- \_\_\_ Complete a certificate at EMCC
- \_\_\_ Complete a 2-years applied science degree at EMCC
- \_\_\_ Complete a 2-year transfer degree at EMCC and transfer to a 4-year college
- \_\_\_ Take transfer classes and transfer after 1-year
- \_\_\_ Improve basic skills in reading, writing, math, etc.
- \_\_\_ Other \_\_\_\_\_

If seeking a certificate or degree, what is your major? \_\_\_\_\_

## 3. Basis for Request

What is the nature of your disability? (check all that apply)

- \_\_\_ Learning Disorder/s
- \_\_\_ Attention Deficit/Hyperactivity Disorders
- \_\_\_ Chronic Health Disorders (explain) \_\_\_\_\_
- \_\_\_ Mobility Impairment (explain) \_\_\_\_\_
- \_\_\_ Psychological Disorders (explain) \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Low Vision or Blindness
- \_\_\_ Hard of Hearing or Deafness

List accommodations you received in the past (high school, college, and workplace):

\_\_\_\_\_

Accommodations you are requesting: \_\_\_\_\_

*Please provide appropriate documentation from a professional to support this request.*

## 4. Permission to Exchange Information

In order to explore possible coverage and reasonable accommodations, it may be necessary for the ARS to discuss your documentation with the provider and to discuss the student's impairment with their parents and EMCC faculty and professional staff.

I hereby give permission for members of the staff ARS at EMCC to exchange information regarding the documentation I have submitted with my providers and to discuss my impairment with my parents and EMCC faculty and professional staff. I understand my refusal to authorize consent may result in denial of accommodations.

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

\_\_\_\_\_  
Date

East Mississippi Community College is committed to assuring that the College and its programs are free from discrimination and harassment based upon race, color, ethnicity, sex, pregnancy, religion, national origin, disability, age, sexual orientation, gender identity, genetic information, status as a U.S. veteran, or any other status protected by state or federal law. The following person has been designated to handle inquiries regarding the non-discrimination policies:

**Theresa Harpole**  
District Director of Human Resources  
P.O. Box 158 Scooba, MS 39358  
662-476-5274 [tharpole@eastms.edu](mailto:tharpole@eastms.edu)

\* NOTE: Reasonable accommodations depend upon the nature and degree of the severity of the documented disability. While federal law requires that priority consideration be given to the specific methods required by the student, it does not imply that a particular accommodation must be granted if it is not deemed reasonable or other suitable techniques are available.