



ALBANY
Technical College

Application For Disability Accommodations

1704 S. Slappey Blvd * Albany, GA 31701
Phone: (229) 430-2854 * Fax: (229) 430-6180

I. General Information

Student ID# _____ Date of Application: _____

Name: _____ M F Date of Birth _____

Date of First Enrollment of ATC _____

Classification: First-semester freshman Continuing Freshman Sophomore Junior Senior

What is your declared program of study ? _____

II. Disability Information

Describe the disability for which you are seeking accommodations:

*How can you document your disability? School records Professional report(s) other

What accommodations are you requesting? (List Specific Accommodations) _____

*** Please note: The documentation you submit must include information to justify each accommodation you are requesting and must be current (no more than 3 years old).**

III. Contact Information

Address: _____

City/State/Zip _____ e-mail address _____

Local Phone# _____ Cell Phone# _____

(See Next Page)

I hereby grant permission to authorized personnel of Albany Technical College to examine and obtain from student records all information relevant to my acceptance to, continuation in, or removal from the Disability Services program, and I permit said information to be forwarded to all appropriate departments involved in said program; except that this permission does not extend to student counseling or any disciplinary records except to the occurrence and type of any disciplinary action involving me (but without explanation of the reason (s) for said action). I expressly waive all rights and privileges to confidentiality that might otherwise attach to such records and information under the Family Educational Rights and Privacy Act and otherwise, to the extent appropriate to the granting of this permission.

I certify that all information given by me on the program application is correct to the best of my knowledge.

Applicant signature _____

Submit application to Special Needs Coordinator. Contact information is at the bottom of this page.

For Office Use Only:

Accommodations Approved:

- Extended time on examinations (not unlimited time)
- A distraction-reduced environment for taking tests
- Note takers
- Use of tape recorder in class
- Preferential seating in the classroom
- Textbooks on tape or in Braille
- Readers or scribes (technology-based whenever possible)
- Sign language interpreter in class
- Large print material
- Use of assistive technology devices
- Classroom handouts in alternate form
- Assistance in reading exams
- Books on tape
- Use of computer for written exams

Special Needs Coordinator _____

Date: _____

Albany Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law).

Contact Regina Watts, Special Needs Coordinator,

Albany Technical College 1704 S. Slappey Blvd., Albany, GA 31701. (229) 430-2854 fax# (229) 430-6180.