



Request to Notify Instructors of Accommodations

Semester: Fall Spring Summer Year: _____

Name: _____ Student Id#: _____

Phone: _____ KCTCS Email address: _____

Please select below any accommodations/services you are requesting:

- Extended test time
- Exams outside the classroom
- Reader for exams
- Scribe for exams
- Enlarged print exams/handouts
- Note-taker/instructor notes
- Recorder/smart pen in classroom
- Sign language interpreter
- Use of FM system
- Captioning of required class audio/video
- Alternative format textbooks
- Relaxation of attendance
- Other: provide details below

Student Class Schedule:

Course #	Section #	Course Title	Instructor	KCTCS School (non-ACTC online courses)

Additional information, comments, or concerns: _____

Student Signature: _____ Date: _____