

## Request for Accommodation

Any individual who has a physical or mental impairment or limitation described as a disability under the Americans With Disabilities Act (ADA) may request reasonable accommodations for learning and testing. To request accommodations because of a disability, submit this form as soon as possible. **Include with this form documentation on official letterhead from a physician, school official, licensed psychiatrist, licensed psychologist, or other appropriate authority.** This documentation should identify your disability, the functional impact of your disability, and the needed accommodations. Students requesting accommodations for a learning disability must submit results of a recent comprehensive psycho-educational evaluation.

\*\*\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M. I.

Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zipcode

Daytime Telephone Number: \_\_\_\_\_

Description of Disability: \_\_\_\_\_  
\_\_\_\_\_

Accommodations Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Please return this form with documentation to:

Meridian Technology Center  
Mrs. Anne Belanus  
1312 South Sangre Rd.  
Stillwater, OK 74074

Once we receive the necessary documentation, we will review it and notify you of the status of your request.