

**Iowa Lakes Community College**  
**Accommodations/Students with Disabilities**  
***Accommodations Application***

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**General Information** *(Please print or type the following information).*

Today's Date: \_\_\_\_\_

Student's Social Security Number or Student ID Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Preferred Method of Contact    Home Phone    Cell Phone    Email

*Check all that apply.*

Home Phone Number: (    ) \_\_\_\_\_

Cell Phone Number : (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**School Information**

Student's Current School Address: \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Term Enrolled (year) \_\_\_\_\_ part time or full time *(circle one)*

Program/Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

**Prior Educational Support Services:** (Special Education, Resource Room, Accommodations services) Where and When?

\_\_\_\_\_

\_\_\_\_\_

**Other Agencies or College Services you are working with:** (make sure you include on Release of Records)

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**Accommodation Request**

What accommodations are you requesting?

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What is the purpose for the accommodation? (*Nature of disability*)(*Include Documentation of the Disability*)

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**I am requesting accommodations to compensate for my disability and to assist me in meeting educational requirements.**

**I give permission to discuss my accommodation information with Iowa Lakes Community College professors, administration, and necessary staff persons to establish accommodation procedures. This is for educational purposes only.**

**Iowa Lakes Community College has my permission to contact my previous disability service or education provider(s) for information relative to accommodating my educational needs.**

**I understand that acceptable documentation of my disability must be on file before an accommodation can be made and that the documentation MUST VERIFY YOUR NEED FOR THE REQUESTED SUPPORT.**

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**Signature of Applicant**

**Date**

**PLEASE FAX, MAIL, OR HAND DELIVER THIS FORM ALONG WITH DOCTOR'S OR PROFESSIONAL DOCUMENTATION TO:**

**Diana Refsell, Educational Counselor**

**Iowa Lakes Community College**

**3200 College Drive, Emmetsburg, IA 50536**

**Phone: 712-852-5219 or 1-800-242-5108 ext. 5219**

**AUTHORIZATION & REQUEST FOR RELEASE OF RECORDS**

TO: \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(List the name of the Agency, School, or Person to request documentation from, including the address to send to, if appropriate)

I, \_\_\_\_\_ (student's name),  
authorize the Disability Counselor at Iowa Lakes Community College to receive a copy of my  
previous special education, medical, or other records. The purpose of the request is to determine  
eligibility for accommodations.

The records/report(s) should include the following:

1. A diagnosis of the disability/need including a psychological statement;
2. Description on how disability/need impacts major life functioning at the current time;
3. Suggested accommodations for the student in a college setting;
4. Other special information:

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

Please send records to:            Diana Refsell  
Iowa Lakes Community College  
3200 College Dr  
Emmetsburg, IA 50536  
1-800-242-5108 ext 5219  
Desk: 712-852-5219