



CALHOUN
COMMUNITY COLLEGE

Student Disability Services/ADA
PO Box 2216, Decatur, AL 35609
Phone 256-306-2630 • Fax 256-260-2447

Decatur Campus	Huntsville Campus
Chasteen Student Services Building	Sparkman Building Advising Center
Room 220	Room 101 E/C

Request for Academic Adjustments and Modifications

Name: _____ Student ID#: _____ Date of birth: _____

Phone Number: _____ Calhoun email: _____

1. Select ONE term: Fall _____ Spring _____ Summer _____
Please submit this form each semester you would like to request accommodations. Accommodations are not retroactive.

2. Select appropriate request:

- _____ First time requesting academic adjustments and modifications
- _____ Request the same academic adjustments and modifications as previous term
- _____ Request to meet with Student Disability Services/ADA staff to discuss different academic adjustments and modifications

3. Your ADA letter will be emailed to your Calhoun email address.

4. Select one of the options below:

_____ I authorize the Student Disabilities Services/ADA office to provide my ADA letter to my instructor(s).

_____ I do not authorize the Student Disabilities Services/ADA office to provide my ADA letter to my instructor(s).

5. I authorize the Student Disability Services/ADA office to discuss/release information to the following people (Please print full names & relationships).

6. I authorize the Student Disability Services/ADA office to discuss/release information to:

_____ Testing Center _____ STAR Institute

7. Your instructor will contact you regarding the use of academic adjustments in your course. If your instructor does not contact you within five (5) days of receipt of your letter, please notify the Student Disability Services/ADA Office.

8. If you review your ADA letter with your instructor(s), ask each instructor to return an acknowledgement receipt.

Student Signature _____ Date _____

DISCLAIMER: By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application. It is the policy of the Alabama Community College System and Calhoun Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity, or employment.