



**Disability Services
Accommodation Request Form**

Date: _____

Contact Information

Program Dates: _____

Last Name: _____ First Name: _____

Preferred Pronoun: _____

Email: _____

Phone #: _____

Home Address:

Disability Information

Description of Your Disability(ies): *Please describe your disability, symptoms, and/or condition. Your description will help the disability office to understand how you view/describe your disability.*

Accommodations You Are Requesting:

I verify that the information that I am submitting herein is accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

This form may be signed by an electronic signature (whatever form the electronic signature takes) and this method of signature is your intention to represent this form as if signed by your actual manuscript signature.

Signature: _____

Date: _____

Supporting Documentation

1. Please upload the Accommodation Request form and supporting documentation to the secure portal at the link provided below:

<https://ctcatransfer.exavault.com/share/view/2p1e7-56pfngsa>

2. After clicking the link, you will be asked to enter your Name, Email address, a Subject and an optional message. Please make sure to include your name and label your documents in the Subject line.
3. Files can be uploaded by selecting and adding them from a file folder on your computer or by dragging and dropping the file from an open folder.
4. Once files have been uploaded, click 'Send Files'.
5. The Admissions Office will be notified once a document is uploaded and will contact the individual via email to confirm receipt of the documentation.

Disability Services use only

Documentation

Documentation of disability meets CTCA's documentation requirements? Yes No

Documentation of disability is enclosed Will be sent separately



Release of Information

CompTIA Tech Career Academy ("CTCA") complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008 to provide "reasonable accommodations" for students with documented disabilities.

Your information will be kept confidential and will be used to enable us to provide you with services and reasonable accommodations related to your disability. In certain cases, we may discuss your accommodations needs with appropriate staff or faculty who have a need to know. In this case, only information pertinent to the situation will be shared.

CTCA's Office of Admissions, will be responsible for the receipt and handling of Disability Services. When necessary, the Office of Admissions, may also need to contact the person/medical provider/agency providing documentation to obtain further information.

Questions about the release of your information can be directed to admissions@comptiatech.org.

I have read the statements above and for the purpose of addressing my request for accommodations, I hereby give permission to the Office of Admissions, to discuss my request for accommodation on a need to know basis with CTCA staff and/or faculty. I also give permission to the Office of Admissions to discuss my request for accommodation with any person and/or entity which has provided or is providing documentation in support of my request for accommodations.

This form may be signed by an electronic signature (whatever form the electronic signature takes) and this method of signature is your intention to represent this form as if signed by your actual manuscript signature.

Signature

_____/_____/_____
Date

Please return this form to the secure portal link listed below:
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