

Disability Resource Center
Lake Tahoe Community College
TEST ACCOMMODATION REQUEST FORM

Student Name: _____ ID #: _____ Date: _____
 Student Phone: _____ Student E-mail: _____

Course ID	Instructor	Instructor Phone	Instructor E-mail	Class Day(s)/Time

_____ **By initialing here, I hereby consent to information exchange between DRC/TLC and LTCC faculty members regarding my testing/class accommodations. It is my responsibility to schedule the test in the TLC and arrange with my instructor to get it there.**

*** You must have the instructor's permission to take the test at a time different than the class.**

Disability Resource Center services are provided to qualified persons without regard to ethnic group identification, race, color, national origin, religion, sex, creed, age, sexual orientation, physical or mental disability, medical condition, marital status or ancestry.
 DRC May 15, 2014

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