

## SCFA Application to Request Reasonable Accommodation of a Disability

Application for reasonable accommodations for testing may be made using this form and submitted via email to [jmcdermott@scfa-li.org](mailto:jmcdermott@scfa-li.org). Include a current IEP as an attachment to the e mail.

Student name \_\_\_\_\_

Department \_\_\_\_\_

SCFA ID # \_\_\_\_\_

Course name & # \_\_\_\_\_

E-Mail address \_\_\_\_\_ Cell # \_\_\_\_\_

I am requesting the following reasonable accommodation(s):

\_\_\_\_\_ Extended time

\_\_\_\_\_ Quiet room

\_\_\_\_\_ Other- specify:

It is necessary for me to have this accommodation for the following reason(s):

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