OFFICE of ACCESSIBILITY SERVICES
PITT COMMUNITY COLLEGE

PO Drawer 7007 • Greenville, NC 27835-7007 • Phone (252) 493-7285 • Fax (252) 321-4345 • Everett-114

ADA ACCOMMODATION REQUEST FORM

Complete all applicable sections. This form is used to support the interactive accommodation process to ensure compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

SECTION I: STUDENT INFORMATION

Name_____ **Student ID#**_____

Date of Birth _____ **Date of Application** _____

Address _____
Street and Number City State Zip Code

Telephone Contact (Cell/Home) _____

Campus Email _____

Do you have a Legal Guardian? ___ Yes ___ No
Name of Legal Guardian _____
Legal Guardian's Phone _____

SECTION II. DIAGNOSIS (SELECT ALL THAT APPLY):

- ☐ ADD/ADHD
- ☐ Anxiety Disorder
- ☐ Autism
- ☐ Deaf
- ☐ Hard of Hearing
- ☐ Intellectual Disability
- ☐ Learning Disability
- ☐ Organic Brain Disorder
- ☐ Orthopedic/Mobility
- ☐ Psychiatric
- ☐ Spinal Cord Injury/Mobility
- ☐ Other (specify):

SECTION III. FUNCTIONAL LIMITATIONS

Describe how your condition impacts in an academic environment:

SECTION IV. ACADEMIC BARRIERS

- ☐ Exams
- ☐ Note-taking or lectures
- ☐ Reading or written expression
- ☐ Attendance-related impacts
- ☐ Physical access or classroom environment
- ☐ Technology or digital access
- ☐ Other (please specify)

SECTION V. REQUESTED ACCOMMODATIONS

SECTION VI. SUPPORTING DOCUMENTATION

- ☐ Documentation attached
- ☐ I will provide documentation if requested
- ☐ Other

SECTION VII. PRIOR ACCOMMODATIONS

- ☐ Yes
- ☐ No

If yes, describe: _____

SECTION VIII. STUDENT SIGNATURE

(PARENT/GUARDIAN IF UNDER 18 OR LEGAL GUARDIAN IF OVER 18)

Signature: _____
Date: _____

SECTION IX. CONFIDENTIALITY STATEMENT

Pitt Community College maintains confidentiality in compliance with FERPA and ADA. Information will be used solely to determine accommodation eligibility and will not be disclosed without consent except as permitted by law.

SECTION X. GRIEVANCE AND APPEAL PROCESS

Pitt Community College (PCC) is committed to a policy of nondiscrimination and equal access. Individuals who wish to request a review of a decision, file a grievance, or initiate an appeal related to accessibility services may contact Dr. Kimberly Williamson using the information below. We welcome feedback and are committed to a fair, timely, and accessible resolution process.

Dr. Kimberly Williamson
Senior Director of Student Advocacy and Title IX Coordinator
Phone: 252-493-7217
Email: kfwilliamson542@my.pittcc.edu

SECTION XI. OFFICE USE ONLY

Decision: _____
Approved Accommodations: _____

Explanation of accommodations not approved and resource supports offered: