Student Request for ADA Accommodations

PIERCE COLLEGES OF FUNERAL SERVICE

_____ _____
Name Program of Study

_____ _____
College Location Phone

_____
Email Address

Type of Disability (Check all that apply):

- ☐ Mobility
- ☐ Motor/Coordination
- ☐ Vision
- ☐ Hearing
- ☐ Speech
- ☐ Learning Disability
- ☐ Chronic/Severe Health Condition
- ☐ Psychiatric/Mental Health
- ☐ ADD/ADHD
- ☐ Other: _____

Describe your disability and how it impacts your ability to access academic programs, services, or activities:

Describe the specific accommodation(s) you are requesting to support your academic success:

Student Request for ADA Accommodations

PIERCE COLLEGES OF FUNERAL SERVICE

Have you received accommodation in the past (e.g., high school, other colleges)? ☐ Yes ☐ No
If yes, please describe and include supporting documentation if available:

Acknowledgment

I certify that the information provided is accurate to the best of my knowledge. I understand that all accommodation requests must be documented and reviewed by the Student ADA Coordinator.

_____ _____

Signature Date

Authorization for Release of Medical Information to the College

PIERCE COLLEGES OF FUNERAL SERVICE

I hereby authorize [Name of Healthcare Provider] to disclose relevant medical information to Pierce Mortuary Colleges, Inc. (PMC) for the purpose of evaluating my request for academic accommodation under the ADA and Section 504 of the Rehabilitation Act.

This authorization will remain in effect for the duration of my enrollment unless I submit a written revocation to the Student ADA Coordinator.

_____

Name

_____ _____

Signature Date

Provider Certification of Disability and Recommendations for Accommodation

PIERCE COLLEGES OF FUNERAL SERVICE

To be completed by a licensed healthcare provider or qualified diagnostic professional.

_____ _____

Student Name Date of Birth

Diagnosis

Description of condition(s):

Date of onset:

Expected duration:

Severity and frequency:

Diagnostic Methodology

Include evaluation methods, dates, results, and criteria used to confirm the diagnosis. Attach relevant reports as needed.

Current Functional Limitations

Describe how the student's condition substantially limits one or more major life activities (e.g., learning, reading, writing, concentrating):

Provider Certification of Disability and Recommendations for Accommodation

PIERCE COLLEGES OF FUNERAL SERVICE

Cyclical or Episodic Information (if applicable)

Describe any expected fluctuations in condition or known environmental triggers:

Recommendations for Academic Accommodations

Include specific adaptive tools, testing or classroom adjustments, auxiliary aids, or other supports and explain how they address the students' limitations:

Provider Information

_____	_____
Name	Title & Credentials
_____	_____
Practice/Facility Name	Phone
_____	
Email Address	
_____	_____
Signature	Date

Student Authorization to Share Accommodation Information

PIERCE COLLEGES OF FUNERAL SERVICE

I authorize the Student ADA Coordinator at Pierce Mortuary Colleges, Inc. to share relevant accommodation information with faculty or staff on a need-to-know basis to facilitate the implementation of approved academic accommodations.

This consent will remain in effect for the duration of my enrollment unless revoked in writing.

_____

Name

_____ _____

Signature Date