



504 Accommodation Request

Student's Name: _____ Date: _____

Program/Class/Event: _____ Student ID: _____

Student's Phone Number _____ Student Email _____

Student Address: _____

Instructions:

- Complete this form
- Attach documentation of your disability
- Sign and date this request
- Return the form to the School Nurse/Health & Safety Coordinator Office
- Schedule to meet with the Post-secondary 504 Coordinator by calling 303 344-4910 Ext. 27704

In your own words, describe your disability.

How does your disability interfere with your learning and /or testing?

What accommodations are you requesting?

Student Signature

Date

Please return this form with attached documentation to the Post-secondary 504 Coordinator Lorraine Martinez located in Building A in the office of School Nurse/Health & Safety Coordinator