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## Office of Special Services

In order to facilitate the delivery of appropriate academic accommodations please complete:

Print name: \_\_\_\_\_

My initials on the lines below indicate that the Office of Special Services has my permission to exchange information about me with the following offices / individuals:

\_\_\_\_\_ Academic Testing Center

\_\_\_\_\_ Course Instructors

\_\_\_\_\_ Tutor(s)

\_\_\_\_\_ Other (specify)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



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## Office of Special Services Request for Academic Accommodations / Support Services

Mercer County Community College welcomes all students and recognizes individual educational needs. If you require academic accommodations and/or support services due to a disability or differing ability, please complete this form and return it to the Office of Special Services.

Mercer County Community College is firmly committed to a policy of equal opportunity and affirmative action. Mercer County Community College complies with the accommodation and accessibility statutes of the Rehabilitation Act of 1973 and the ADA.

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Email: \_\_\_\_\_

I am currently registered: \_\_\_\_\_ Start Date: \_\_\_\_\_

I understand that all information provided to the Office of Special Services will be kept confidential. This information will be shared with others only with my signed consent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 prohibits colleges and universities from making inquiries regarding a disability prior to admission. Information regarding a disability, voluntarily given or inadvertently received by Admissions, will not affect a student's admission to Mercer County Community College. Acceptance into a specific College program, however, is contingent upon the student meeting the technical and academic standards of the program.