



## Accommodations Request

Randolph College is committed to the full participation of individuals with disabilities as defined under Section 504 of the Rehabilitation Act (1973; P.L. § 93-112) as amended (P.L. 93-16) and the Americans with Disabilities Act of 1990 (ADA) as amended. Policies and procedures will ensure that persons with disabilities will not be denied, based on that disability, full and equal access to academic and other programs or activities offered by the College.

In order to begin the process of applying for accommodations at Randolph College, you should:

- **Complete and submit the Accommodations Request Form**  
This form provides the Coordinator of Access Services information about your disability and how it affects your ability to access the curriculum and participate fully in the courses and programs offered at Randolph College.
- **Schedule an intake appointment** with Access Services. Please call 434-947-8132 or email Larvail Jones, the Access Services Coordinator, at [ljones@randolphcollege.edu](mailto:ljones@randolphcollege.edu) to schedule a meeting date and time.
- **Submit professional documentation to support your disability**  
Documentation in the form of diagnostic assessments, psychological reports, and/or letters from qualified service providers assist the Coordinator of Access Services in determining reasonable accommodations. Documents may be sent to the Office of Access Services via
  1. A scanned email attachment ([ljones@randolphcollege.edu](mailto:ljones@randolphcollege.edu))
  2. Fax (434-947-8399) or
  3. Regular post:

Larvail Jones, Coordinator  
Access Services  
Randolph College  
2500 Rivermont Avenue  
Lynchburg, VA 24593

Accommodations are not retroactive, and some accommodations take longer to implement than others. Students are strongly encouraged to request accommodations well in advance of course start dates.

**Please note that going through the application process does not guarantee that you will receive academic accommodations through Access Services.**

## Accommodations Request Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone # (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Prospective Student          \_\_\_\_\_ Current Student:

**What is the nature of your disability/condition?** \_\_\_\_\_

\_\_\_\_\_

**Did a medical provider diagnose your disability/condition?** \_\_\_\_\_

**Does your disability/condition affect you academically? Please describe.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List strategies you use to help yourself with the challenge of your disability/condition.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If currently enrolled at Randolph College, have you tried tutoring?** \_\_\_\_\_

**If so, how often have you scheduled tutoring sessions?** \_\_\_\_\_

**Which type of tutoring have you scheduled?**

\_\_\_\_\_ writing          \_\_\_\_\_ subject          \_\_\_\_\_ strategies

**Have you ever received academic accommodations before? Please describe and include when and where you used them.**

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**Please describe the academic accommodations you believe you need at Randolph College, and how they will help reduce the impact of your disability/condition.**

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**Verification:** By signing this form, I hereby verify that the information I have provided is true and accurate.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Name (Signature)

\_\_\_\_\_  
Date