

PH: 434.947.8132 www.randolphcollege.edu

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 the Access Services Coordinator at droy@randolphcollege.edu to schedule a meeting date and time.
- Submit professional documentation to support your disability
 Although not required, 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 (droy@randolphcollege.edu), or
 - 2. Regular post:

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 or within the first week of classes.

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 o	lisability/condition?
Did a medical provider diag	nose your disability/condition?
Does your disability/condition	on affect you academically? Please describe.
List strategies you use to hel	p yourself with the challenge of your disability/condition.
If currently enrolled at Ran	dolph College, have you tried tutoring?
If so, how often have you scl	heduled tutoring sessions?

Which type of tutoring h	ave you scheduled?	
writing	subject	strategies
Have you ever received a when and where you used		ations before? Please describe and include
		ns you believe you need at Randolph College, your disability/condition.
Verification: By signing and accurate.	this form, I hereby ve	erify that the information I have provided is true
Student Name (Print)		Student Name (Signature)
Date		