

BRTC Accommodation Services New Student Form

Student.		_ Date	שו	
Cell Phone:	Email:			
Address:		SS #:		
Degree Plan:		Documents Provided:	OYes ONo	OAdd'l Requested
Date First Diagnosed:		Date Last Diagnosed:		
Ethnic Origin: O African Ar		der O Caucasian O Hispanic	/Latino O Native	e American
Please select your Disability	:			
		bility OMath O Reading O DMobility OPhysical OMajor B		
		Fall Spring SUI SU2		
Parent Participation: OYes	○No			
REGISTRATION PROCESS:	O New Student O Returning	Student O Current Student		
Campus Location: O Parago	uld O Pocahontas O Piggott	O High School (Concurrent)		
Please describe any reasona	able classroom accommodati	ions you think you need at BRT	·c.	
Please list what assistive ted	chnology you've used in the p	past.		
Please describe any addition	nal concerns you have or wo	uld like to discuss with Disabili	ty Services.	
Are you taking classes onlin	ne or CVN? OYes ONo O	Both		
Do you give the ADA Coordi	nator permission to notify the	e instructors on your behalf:	○Yes ○ No	
understand that the ADA Cooreligible for accommodations.	dinator will need proper docum The information submitted to BI	RTC Disability Services and does entation showing my disability be RTC Disability Services is confident anderstand that the admission produces	fore determining ential and will not	whether or not I am be shared with anyone
O I have read and understand Technical College.	the above, and agree to the po	olicy and procedure set forth by B	RTC Disability Se	ervices and Black River
Signature of Student		Dat	 e	