

Students with Disabilities: Accommodation Policy and Request Forms

Statement of Non-Discrimination and Accommodation

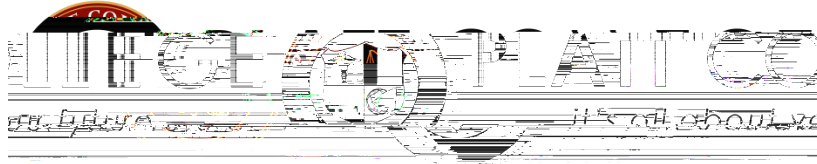
Platt College does not discriminate on the basis of disability. Individuals with disabilities are entitled to reasonable accommodations to ensure that they have full and equal access to Platt & R O O Educational resources, consistent with Section 504 of the Rehabilitation Act of 1973 8 6 & † 3 6 H F W E L A R O Americans with Disabilities Act (42 U.S.C. § 12182) 3 \$ ' \$ ' W e l l e d s t a t e s and regulations, and corresponding state and local laws.

Section 504 prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance. The ADA prohibits a place of public accommodation from discriminating on the basis of disability. The applicable law and regulations may be examined in the office of the ADA Compliance Coordinator, or his/her trained designee who has been designated to coordinate 3 O D W W & R O O to comply with Section 504 and ADA. The Academic Dean at each campus serves as the ADA Compliance Coordinator for his/her campus:

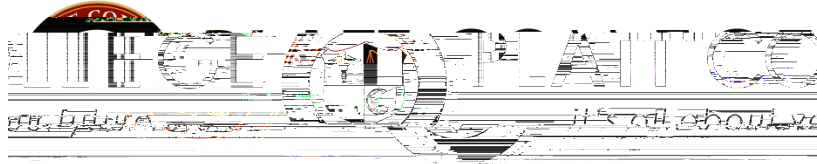
ADA Compliance Coordinator:

Requests for Accommodation

Individuals with disabilities wishing to request an accommodation must contact the ADA Compliance Coordinator. A disclosure of a disability or a request for accommodation made to any staff, faculty, or personnel other than the ADA Compliance Coordinator will not be treated as a request for an accommodation. However, if a student or applicant discloses a disability to such an individual, that individual is required to direct the student to the ADA Compliance Coordinator. Upon request, the ADA Compliance Coordinator (or his/her trained designee) will provide a student or applicant with a Request for Accommodations form , which is also available on 3 O D W W & R O O under the tab. To help ensure timely consideration and implementation, in



Disability	Qualified Professional
Physical disability	MD, DO
Visual impairment	MD, ophthalmologist, optometrist
Mobility, orthopedic impairment	MD, DO



address the concerns. The Campus President will provide to the student or applicant a written decision regarding the appeal within a reasonable timeframe.

Platt College will make appropriate arrangements to ensure that a person with a disability is provided other accommodations, if needed, to participate in the Appeal Process. The ADA Compliance Coordinator will be responsible for such arrangements.

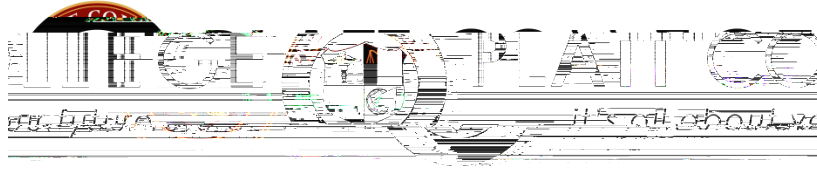
Grievance Process

Any student or applicant who believes that Platt College has discriminated against him or her on the basis of disability is encouraged to file an internal complaint by contacting ADA@PlattCollege.edu. Platt College will promptly investigate any allegations of discrimination and take prompt ameliorative action. The student or applicant may also file a grievance using the grievance procedure stated in Platt College Handbook. This policy may also be found in Platt College Consumer and Student Handbook, which can be accessed online at www.plattcollege.edu.

In addition, students or applicants may be able to file a complaint with the United States Department of Education, Office for Civil Rights. They can contact the Office for Civil Rights for more information at the following:

United States Department of Education

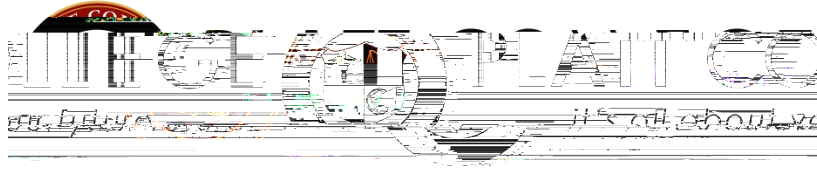
202-612-792 [(202)-612-7906] (m)-3(e)13(nt)06d8



Request for Disability Accommodation

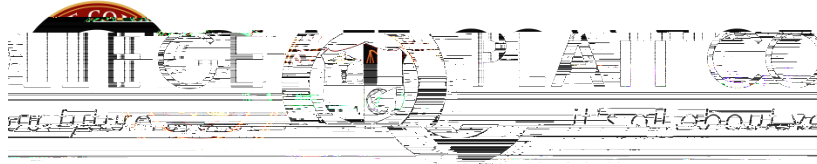
Instructions:

Please carefully and fully complete this form so that Platt College can make the determination of how to best service your needs. Note that there are four [4] pages to this form. Return this completed, signed form along with supporting documentation (to include current/ recent medical test results or evaluations as appropriate) to the Academic Dean at your location.



REQUEST FOR ACCOMMODATION(S)

Name: _____
 LAST FIRST MAIDEN / M.I.



PART III: Certification and Documentation (complete A, B, and C).

A: Statement of Request (to be completed by student)

I, _____, am providing clinical/medical documentation of my impairment. I hereby recognize that only current documentation completed by my treating medical professional(s) will be accepted.

Tgs wgvkpi Ipf kxkf wcrzu Uki pcwtg

Date

B: Statement of Medical Release (to be completed by student)

I, _____, authorize _____ to release my personal health information to Platt College. I further authorize Platt College to contact my health care provider for further information, and/or to use and disclose my information as necessary to consider my request for accommodation and to implement any approved accommodations

Tgs wgvkpi Ipf kxkf wcrzu Uki pcwtg

Date

