

Charles & Sue's School of Hair Design

Student Request for Accommodation

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Student Name: _____ Date: _____

Student E-Mail Address: _____ Student Phone Number: _____

Describe your disability.

What accommodations are you requesting? (Be specific)

I authorize and request the campus Section 504 Coordinator at Charles & Sue's School of Hair Design to consider this request for accommodations and copies of all documentation provided in connection with this request and, only as they deem necessary for the evaluation and/or implementation of my eligibility/accommodation, to consult with other educational, medical, or psychological professionals, disclosing such information as he/she/they deem(s) relevant for consultation. I consent to the designated administrator discussing this request and all evaluations and assessments pertinent to my disability with any diagnosing/evaluating professionals.

Requesting Student's Signature _____ **Date** _____

NOTE: This request cannot be acted upon until you provide sufficient documentation of disability and need for accommodation. This request and all supporting documents should be delivered in person or by email (director@charlesandsues.com) to the director who is your campus Section 504 Coordinator.