



## Section 504 Accommodations Request Form

All Information included in this document and its attachments are subject to all Privacy Policies and used solely for the purpose of determining eligibility for accommodations under Section 504 of the Rehabilitation Act of 1973.

Student's Name: \_\_\_\_\_

Program: \_\_\_\_\_

Campus: \_\_\_\_\_

Class Start Date: \_\_\_\_\_

Tricoci University of Beauty Culture institutions value equal educational opportunities for all students and complies with Section 504 of the Rehabilitation Act of 1973, pertaining to reasonable academic accommodations. The program and accommodations for students with disabilities are managed by the Campus Director in partnership with the Section 504 Administrator.

A person is disabled if he/she has a physical or mental impairment that substantially limits a major life activity. Federal law requires Tricoci University of Beauty Culture provide a student with a disability with the appropriate academic adjustments and auxiliary aids and services that are necessary to afford the student with a disability an equal opportunity to participate in a school's program. Tricoci University of Beauty Culture is not required to make adjustments or provide aids or services that would result in a fundamental alteration of a recipient's program or impose an undue burden.

Reasonable and necessary accommodations for students can be granted on a case by case basis with the input of the student and, if necessary and with the student's permission, with the input of their qualified healthcare provider.

**Section I: To be completed by the student only.** Please type or print legibly. Once this document has been completed in its entirety (3 pages), please submit to your Campus Director.

1. Please list the diagnosed disability or disabilities prompting you to request Section 504 Accommodations:

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2. Please provide an explanation of the affect(s) of and which major life activity or activities (i.e., caring for yourself, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, learning, etc.) are substantially limited as a result of the disability/disabilities listed above.

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3. What type of accommodation(s) is requested?

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**Section II: To be completed by the applicant's qualified healthcare provider only. Please type or print legibly.** Tricoci University of Beauty Culture may contact your office to verify this document.

In my medical and/or professional opinion, \_\_\_\_\_ qualifies for accommodations under Section 504 of the Rehabilitation Act of 1973.

1. She/he has been diagnosed and/or receiving treatment for the following disability/disabilities:

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2. The disability or disabilities listed above substantially limit the following major life activity or activities (i.e., caring for him/herself, walking, seeing, hearing, speaking, breathing, working, performing manual tasks, learning, etc.) and affect her/him in the following way(s):

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3. I recommend and request the following accommodations be considered for her/him:

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4. If applicable, please list any other pertinent information below.

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\_\_\_\_\_  
Printed Name of Qualified Healthcare Provider

\_\_\_\_\_  
Signature of Qualified Healthcare Provider

\_\_\_\_\_  
Date

Office Address:

Office Phone Number:

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**Section III: To be completed by the student only.** By completing this *Section 504 Accommodation Form* and signing below, you are seeking approval for accommodations as communicated in this document. If needed, you are also authorizing the Section 504 Administrator or Campus Director to contact your qualified Healthcare Provider to verify information.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date