

ACCESSABILITY CENTRE REGISTRATION FORM



REQUEST FOR ACCOMMODATIONS FOR A DIAGNOSED DISABILITY OR SPECIAL NEED



This form is confidential and should be completed by the student (or the parent/guardian of the student) with a diagnosed disability and submitted with the appropriate documentation to the address below as soon as possible.

Student Name: _____ Student ID Number: _____

Phone (Student): _____ Email (Student): _____

Phone (Parent/Guardian): _____ Email (Parent/Guardian): _____

Diagnosed disability as stated in the assessment:

- Physical _____
- Mental Health _____
- Learning _____
- Other _____

Accommodations requested:

Please note that the documentation will be assessed by our Adapted Services Counsellor. The College may request updates or further details concerning the documentation.

If you do not have the required documentation, please explain why and indicate when it will be available:

Student or Parent/Guardian
Signature or Name: _____ Date: _____

Please submit this completed form and accompanying documentation as soon as possible.

By mail:
AccessAbility Technician
Marianopolis College
4873 Westmount Avenue, Room A-265
Westmount, QC H3Y 1X9

By email:
Scan and upload documents
accommodations@marianopolis.edu