

6. What are your educational goals at Lakeland College?

7. What additional information would you like us to consider?

I understand that this request for accommodations must be accompanied by documentation provided by the appropriate licensed professionals before the Lakeland College Accommodations Review Committee will consider it. I understand that the Director of the Academic Resource Center will notify me if additional documentation is required. I will also be notified of the LCARC's decision concerning my request. I certify that all of the information that I have provided is accurate and complete.

Student's
Signature: _____ Date: _____