



Student Request for Accommodation

Student Name: _____ Date: _____

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

Vogue College Campus (circle one) San Antonio (Fred) San Antonio (Ingram) McAllen Lubbock Santa Fe

Describe your disability.

What accommodations are you requesting? (Be specific)

I authorize and request the campus Section 504 Coordinator and Vogue College Director of Compliance 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 to your school director who is your campus Section 504 Coordinator or to the Director of Compliance at the home office, Sarah Gregory at sgregory@vogue.edu