

**PETITION FOR ACADEMIC  
ACCOMMODATIONS**

**SECTION: 1**

**TO BE COMPLETED BY STUDENT**

This form will assist with the gathering of



<b>SECTION 2:</b>	<b>To be completed by the physician, psychologist, diagnostician, or other practitioner (please refer to section 1 for authorization to release information)</b>	
<b>Student Name (Please print):</b>	<b>Aggie ID</b>	
<b>To the physician, psychologist, psychiatrist, audiologist, diagnostician, or practitioner:</b>		

The above-named student has informed Southeast New Mexico College (SENMC) that a disability/impairment prevents the ability to perform essential academic functions and/or attending classes regularly unless accommodation(s) are provided. We request receiving sufficient information in order to determine appropriate accommodation(s) in accordance