

Registered Electrical & Plumbing Apprenticeship Programs

Accommodation Request Form Apprenticeship Related Instruction

To request an accommodation because of a disability, please submit the form below, as soon as possible, so that we can determine your needs. Include your official documentation (**verification of your disability from an individual qualified to make such a determination**) with this Accommodation Request Form.

Apprentice Name: _____

Apprentice DOB: _____

Apprentice Address: _____

Daytime Telephone: () _____ - _____

[APPRENTICE SIGNATURE - REQUIRED]

[DATE]

Description of Disability:

Accommodation Requested:

Please return this form to:

Attn: Robin Goodall
Vermont Technical College
PO Box 500
Randolph Center, VT 05061-0500

For more information please contact:

Robin Goodall, Learning Specialist
802-728-1278 Office | 802-728-1260 Fax
rgoodall@vtc.edu