

6 R Q R J U D S K \ Technical Standards Form

Please return the completed form to:  
Hudson Valley Community College  
Medical Imaging Office  
Brahan Hall – Room 026  
80 Vandenberg Avenue  
Troy, NY 12180

Are you able to perform all of the Technical Standards identified in this document with or without reasonable accommodations?

Yes \_\_\_\_\_

No \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read, understand, and believe that I will be able to meet the Diagnostic  
& D U G S D F or ' L D J Q R V W L F 0 H G L F D O 6 R s Q T R C h u d a i s K \ program  
Standards.

\_\_\_\_\_  
Print or process name