

## REQUEST FOR DISABILITY SERVICES & RELEASE FORM

PLEASE USE BLUE OR BLACK INK IF COMPLETING THIS FORM MANUALLY

Name :		[] Fall Semes	ster Year:
Student ID:		[] Spring Disab	ility:
Cell Phone: Email:		[] Summer II	eck One: [ ] New Student [ ] Returning Student
Emergency		Secondary	
	SERVICES REQU		
[] Same Accommodations As Last Semester [] Additional Time for Tests [] Notetaker [] Lecture Notes	[] Computer w/ Spell Check [] Computer w/ Voice Output [] Calculator [] Assistive Technology/Software [] Permission to Record	Computer w/ Spell Check	
	Please List Your Cour	rses Below	
I may require medical atter Reason for Assistance: [	] Blind [ ] ] Low Vision [ ] ] Mobility Impairment		Instructor  [] Yes [] No [] Yes [] No
[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	Manual Wheelchair [ ] Motorized Wheelchair [ ]		with instructors. I give
Student's signature:			Date:
Number of Accomm	***OFFICE USE ON eeded:  odations: Accommodat	Counselor: ions:NewSam	