

Accommodation/Services Request Form

Please complete this form to assure you receive services for the semester indicated. You must have the appropriate documentation and an accommodation plan on file to receive any services or accommodation from Disability Support Office. **To receive continued services this form must be renewed EACH semester in attendance.**

Sincerely,



Janelle Noldin

Disability Support Services Coordinator

Name: _____ **Student ID:** _____

Phone: _____ **E-Mail:** _____
(Required if requesting Note Takers)

I am requesting services for (choose one): Fall 20____ Spring 20____ Summer 20____

I want the following services:

Extended Test Time (all classes / just the following classes) _____

Note Takers (all classes / just the following classes) _____

Test Reader

Test Scribe

Quiet Testing Room (SSC)

Accessible Seating: _____

Recording of Lectures

Alternate Formats Texts (all classes/just the following classes): _____

Interpreter (Preference List): _____

Other: _____

Signature: _____ **Date:** _____

Save form and email to:
janelleoldin@jalc.edu

Office Use Only

Comments: _____

Approved: _____ Date: _____

DSS Code: _____ DSS Status: _____ Entered by: _____ Date: _____