



DISABILITY SUPPORT PROGRAMS & SERVICES (DSPS)

Request for Services

Name: _____

A Number: _____

Street: _____

City: _____ Zip: _____

Phone # _____

Email: _____

Permission to leave voicemail: Yes No Initials _____

Please check the services you are requesting for this semester:

- I have a temporary disability or medical condition: _____
- I am interested in academic accommodations
- I would like to be tested for a learning disability

I understand that services are provided after DSPPS receives receipt of documentation of disability or completion of a learning disability assessment.

Student Signature

Date