Renewal Request for Disability Services

Name: 

ACES Email Address: 

Mailing Address: 

Phone: 

Alternate Phone: 

Major: 

Request for (indicate semester & year): Fall ______ Spring ______

Summer I ______ Summer II ______

Please initial applicable:

1. _____ I would like to **KEEP** the same services/accommodations I received last semester.

2. _____ I would like to **CHANGE** the service/accommodations I received last semester. Therefore, I will schedule an appointment with the Disability Services to discuss these changes.

What accommodations worked last semester? ____________________________________________

What accommodations did not work? ____________________________________________

Changes/Comments ________________________________________________________________

________________________________________________________________________________

The Office of Disability Services will determine reasonable accommodations as appropriate under the Americans with Disabilities Act (ADA.)

Student’s Signature: __________________________ Date: __________

The Alamo Colleges do not discriminate on the basis of race, color, religion, gender, national origin, age, disability, veteran status, genetic information or sexual orientation with respect to access, employment programs, or services. Inquiries or complaints concerning these matters should be brought to the attention of: Associate Vice Chancellor of Human Resources and Organizational Development, Title IX Coordinator, (210) 485-0200. Address: Human Resources Department, 201 W. Sheridan, Bldg. A, San Antonio, Texas 78204.

Received by: _____ (Staff Initials) Date: _________

Revised 3/21/2014