



ALAMO COLLEGES DISTRICT Northeast Lakeview College

Supplement Accommodations Request

The proponent department is Disability Support Services
THIS FORM IS PROTECTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

AUTHORITY: Section 504 of the Rehabilitation Act of 1973; Title II of the Americans with Disabilities Act of 1990;
Northeast Lakeview College Catalog
PRINCIPAL PURPOSE: Used to review requested accommodations for a student.
ROUTINE USES: Request by a student to receive accommodations for classes due to a schedule change.
DISCLOSURE: Voluntary. Failure to furnish information may result in denial of accommodations.

1. STUDENT ID	2. HOME COLLEGE <input type="checkbox"/> NLC <input type="checkbox"/> NVC <input type="checkbox"/> PAC <input type="checkbox"/> SPC <input type="checkbox"/> SAC	3. DATE OF REQUEST
4. STUDENT NAME (LAST, FIRST)	5. STUDENT EMAIL (ACES) @student.alamo.edu	6. DATE OF BIRTH

7. WHAT ACCOMMODATION(S) ARE YOU REQUESTING

8. Please list ALL the courses that you are registered for in the requested semester.

Semester	Part of Semester	Course	Section	College	Requesting an Accommodation	Request DSS to Submit (Letter of Accommodation) LOA to Instructor
Ex: Summer	Summer I	ENGL	1301	NLC	Yes or No	Yes or No

**The Office of Disability Support Services will determine reasonable accommodations
as appropriate under the applicable laws.**

IMPORTANT NOTICE OF ACKNOWLEDGEMENT

_____ It is my responsibility to notify the Disability Support Services Office when any schedule changes occur to be considered for accommodations.
_____ Failure to notify the Disability Support Services Office will result in accommodations not being processed, for which I assume FULL responsibility.

9. STUDENT SIGNATURE	10. DATE
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FOR OFFICE STAFF USE ONLY

11. RECEIVED BY	12. DATE
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