

# RENEWAL REQUEST FOR DISABILITY SERVICES

The proponent department is Disability Support Services Office

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**AUTHORITY:** Northeast Lakeview College Catalog  
**PRINCIPAL PURPOSE:** Request by student to renew disability support services.  
**ROUTINE USES:** Used to evaluate and determine renewal of reasonable accommodations.  
**DISCLOSURE:** Voluntary. Failure to furnish information may result in denial of accommodation.



ALAMO  
COLLEGES  
NORTHEAST LAKEVIEW COLLEGE

1. STUDENT BANNER 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. PRIMARY STREET ADDRESS	8. CITY	9. STATE	10. ZIP
11. PRIMARY PHONE	12. EMERGENCY CONTACT PHONE	13. CHANGE OF ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. SEMESTER REQUESTED FALL    SPRING    SUMMER	15. DEGREE <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AAS <input type="checkbox"/> AAT <input type="checkbox"/> CERTIFICATE	16. DEGREE/CERTIFICATE	

17. PLEASE STATE ANY CHANGES IN YOUR DISABILITY

18. PLEASE INITIAL IF APPLICABLE:  
\_\_\_\_\_ I WOULD LIKE TO **CHANGE** THE SERVICES/ACCOMMODATIONS I RECEIVED LAST SEMESTER.  
THEREFORE, I WILL SCHEDULE AN APPOINTMENT WITH THE DISABILITY SERVICES TO DISCUSS THESE CHANGES.

19. WHAT ACCOMMODATION(S) WORKED LAST SEMESTER?

20. WHAT ACCOMMODATIONS DID NOT WORK AND WHY?

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

21. STUDENT SIGNATURE	22. DATE
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### FOR OFFICIAL USE ONLY

23. RECEIVED BY	24. DATE
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