



**REQUEST FOR ACCOMMODATIONS**  
(Required Form)

I, \_\_\_\_\_, am requesting the following accommodations from SCC Disability Services Office (DSO). I understand that accommodations are based on the functional limitations created by my disability as they impact the standards of the courses within the curriculum for which I am enrolled. I will provide, to DSO, the appropriate documentation that states my need and eligibility for the accommodations I am requesting.

**ACCOMMODATIONS REQUESTED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I further understand that, upon receiving the Authorized Accommodation Letter from DSO, it is my responsibility to ensure each instructor receives a copy and to make them aware of the accommodations for which I am eligible.

**CURRENT IMPACT STATEMENT**

Please indicate how your disability/condition impacts your functioning/learning:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERMISSIONS**

I give DSO staff permission to share information with SCC officials who have a legitimate educational interest. I also give permission to DSO staff to discuss the implementation of the accommodations with appropriate faculty/staff, if deemed necessary.

\_\_\_\_\_

(Student Signature) (Date) (Student ID)

**Confidential**

The information is provided by the Disability Services Office for the purpose of educational planning. We appreciate the respect for student's confidentiality and the understanding that state and federal laws prohibit the release of this information to any other person or agency or for use in any manner for any other purpose. Students with disabilities are eligible for appropriate services stipulated under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990