Palm Beach State College
Disability Support Services

Semester Request for Services

MUST BE SUBMITTED EACH SEMESTER, PREFERABLY 3 WEEKS BEFORE THE TERM BEGINS.
PLEASE FILL-OUT FORM COMPLETELY & SIGN AT THE BOTTOM OF PAGE.
(SEND US AN EMAIL EACH TIME YOU MAKE A CHANGE TO YOUR SCHEDULE)

Name _____ ID # _____
Last First
Current Address _____
House #, Street or PO Box Apt # City State Zip
Phone _____ Alternate Phone _____

Email _____ Semester requesting services _____

Primary Campus: Boca Raton ____ Lake Worth _____ Palm Beach Gardens ____ Belle Glade ____

COURSE/REFERENCE #	ACCOMMODATIONS REQUESTED

Total # of Letters of Notification requested _____

I give Disability Services permission to prepare letters of accommodation for my professors to be **picked up and delivered by me** and to discuss my accommodations with Palm Beach State faculty and staff as needed.

_____ _____
Signature Date