

N	DE	AA/AS
C	ND	Initials:

**FALL 2020**

\_\_\_\_\_ STUDENT INITIALS

**ACCOMMODATION REQUEST FORMS MUST BE SUBMITTED EACH SEMESTER PREFERABLY 3 WEEKS BEFORE THE TERM BEGINS PLEASE FILL-OUT FORM COMPLETELY & SIGN AT THE BOTTOM OF PAGE-SEND CSA AN EMAIL EACH TIME YOU CHANGE YOUR SCHEDULE**

Name \_\_\_\_\_ ID # \_\_\_\_\_  
Last First

Current Address \_\_\_\_\_  
House #, Street or PO Box Apt # City State Zip

Student Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Palm Beach State Email \_\_\_\_\_@my.palmbeachstate.edu

Primary Campus: Boca Raton \_\_\_\_ Lake Worth \_\_\_\_ Palm Beach Gardens \_\_\_\_ Belle Glade \_\_\_\_

COURSE ID AND REFERENCE NUMBER	ACCOMMODATIONS REQUESTED-STUDENT REQUIRED TO LIST ACCOMMODATIONS

Total # of Letters of Notification requested \_\_\_\_\_

I give Center for Student Accessibility (CSA) permission to prepare letters of notification for my professors to be **picked-up and delivered by me** and to discuss my accommodations with my Palm Beach State professors and staff such as the test center, as needed, to assist in provision of accommodations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date