

Palm Beach State College – Center for Student Accessibility  
Semester Request for Services

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

**Must Be Submitted Each Semester, Preferably 3 Weeks Before The Term Begins**  
**PLEASE FILL-OUT FORM COMPLETELY & SIGN AT THE BOTTOM OF PAGE**

**\*\* PLEASE NOTIFY CSA 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

Semester requesting service: **SUMMER 2020**

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

Course ID / Reference number ie: ENC1101 #123456	Accommodations Requested -- Please list accommodations you would like to use in each class

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

I give Center for Student Accessibility permission to prepare letters of accommodation for my professors to be <b><u>picked-up and delivered by me</u></b> 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