



Disability Support Services

REQUEST FOR: Authorized Academic Accommodation Form

NAME:

I.D. #

DATE:

TERM:

Submit this completed and signed form to Disability Support Services (DSS)
Your Authorized Academic Accommodation form will be emailed to your

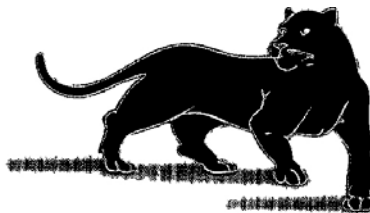


SWC COLLEGE EMAIL ADDRESS



within 5 days so that you can print and discuss your accommodations with each of your instructors.

Student Signature: _____



Have a great semester!

To request this material in alternate media, please call voice (619) 482-6512 or VP (619) 207-4480.

DSS Student Learning Outcomes (SLOs)

- *Students talk to his/her professors and use academic accommodations and services in their classes.*
- *Students develop and use skills to solve problems.*