



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).
You may also return to the Student Services Counter at any Higher Education Center.

Your Authorized Academic Accommodation form will be emailed to your

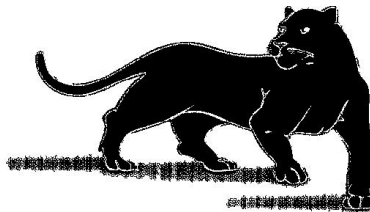


SWC COLLEGE EMAIL ADDRESS



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.*