

# Disability Support Services

REQUEST FOR: Authorized Academic Accommodation Form

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**INSTRUCTIONS:**

- 1: Save this form to a folder on your computer or on your desktop. Remember where you save it!
  - 2: Fill in all fields
  - 3: Add your signature to the signature line. Click [here](#) if you need to learn how to sign a PDF.
  - 4: Email completed and signed form to [rvalerio@swccd.edu](mailto:rvalerio@swccd.edu)
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**NAME:**

**I.D. #**

**DATE:**

**TERM:**

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Your Authorized Academic Accommodation form will be emailed to your



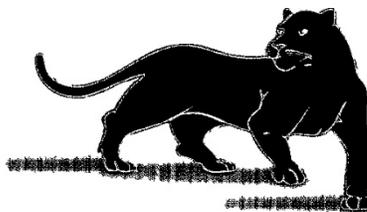
**SWC COLLEGE EMAIL ADDRESS**



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

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**Student Signature:** \_\_\_\_\_



*Have a great semester!*

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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.*