



## RENEWAL REQUEST FOR DISABILITY SERVICES

The proponent department is Disability Support Services

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**AUTHORITY:** St. Philip's College Catalog  
**PRINCIPAL PURPOSE:** Request by student to renew disability support services  
**ROUTINE USES:** Used to evaluate and determine renewal of reasonable accommodations  
**DISCLOSURE:** Voluntary. Failure to furnish information may result in denial of accommodations.

1. STUDENT BANNER ID	2. HOME COLLEGE <input type="checkbox"/> NLC <input type="checkbox"/> NVC <input type="checkbox"/> PAC <input type="checkbox"/> SPC <input type="checkbox"/> SAC		3. DATE OF REQUEST
4. STUDENT NAME (LAST, FIRST)	5. STUDENT EMAIL (ACES) @student.alamo.edu		6. DATE OF BIRTH
7. PRIMARY STREET ADDRESS	8. CITY	9. STATE	10. ZIP
11. PRIMARY PHONE	12. EMERGENCY CONTACT PHONE		13. CHANGE OF ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO
14. SEMESTER REQUESTED FALL      SPRING      SUMMER	15. DEGREE <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AAS <input type="checkbox"/> AAT <input type="checkbox"/> CERTIFICATE		16. DEGREE/CERTIFICATE
17. PLEASE STATE ANY CHANGES IN YOUR DISABILITY			
18. PLEASE INITIAL IF APPLICABLE: _____ I WOULD LIKE TO <b>CHANGE</b> THE SERVICES/ACCOMMODATIONS I RECEIVED LAST SEMESTER. THEREFORE, I WILL SCHEDULE AN APPOINTMENT WITH THE DISABILITY SERVICES TO DISCUSS THESE CHANGES.			
19. WHAT ACCOMMODATION(S) WORKED LAST SEMESTER?			
20. WHAT ACCOMMODATIONS DID NOT WORK AND WHY?			

**The Office of Disability Services will determine reasonable accommodations as appropriate under the applicable laws.**

21. STUDENT SIGNATURE	22. DATE
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### FOR OFFICIAL USE ONLY

23. RECEIVED BY	24. DATE
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