ALAMO COLLEGES DISTRICT
Palo Alto College

RENEWAL REQUEST FOR DISABILITY SERVICES

The proponent department is Disability Support Services

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AUTHORITY: Palo Alto 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		3. DATE OF REQUEST
	☐NLC ☐NVC ☐PAC ☐SPC ☐SAC		
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 ☐YES ☐NO
14. SEMESTER REQUESTED FALL ☐ SPRING ☐ SUMMER ☐	15. DEGREE ☐AA ☐AS ☐AAS ☐AAT ☐CERTIFICATE		16. DEGREE/CERTIFICATE

17. PLEASE STATE ANY CHANGES IN YOUR DISABILITY

18. PLEASE INITIAL IF APPLICABLE:
_____I WOULD LIKE TO **CHANGE** 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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23. RECEIVED BY	24. DATE

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