ALAMO COLLEGES DISTRICT
Northeast Lakeview College

# RENEWAL REQUEST FOR DISABILITY SERVICES

The proponent department is Disability Support Services

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**AUTHORITY:** Northeast Lakeview 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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| | |

**FOR OFFICIAL USE ONLY**

| 23. RECEIVED BY | 24. DATE |
|---|---|
| | |

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