



Disability Resource Center

Semester Accommodation Request

(650) 574-6438 Bldg. 10, Room -120

csmdrc@smccd.edu

Please complete the following information to request your authorization for accommodation letter for the semester. Submit one request per semester unless you add or change classes.

Name: _____ G# _____

Today's Date: _____

Semester 20____

Summer

Fall

Spring

- I am requesting accommodations for the semester checked.
- I have a verified documented disability on file at the DRC.
- I have discussed my educational limitations with a certifying staff professional at the DRC and my academic adjustments, auxiliary aids, and services.
- I understand that it is necessary for me to meet with a certifying professional each semester to check in and I agree to do so.

I will pick-up my authorization for accommodation letter from the DRC within 2 days of this request.

I am requesting that the DRC email me my authorization for accommodations letter @ my.smccd.edu. If you choose this option, you may forward the letter to your instructors and check that they received it.

X_____

Student Signature