



DISABILITY SUPPORT PROGRAMS & SERVICES (DSPS)

Request for Services

First Name: _____ Last Name: _____

A Number: _____

Street: _____

City: _____ Zip: _____

Phone # _____

Email: _____

Permission to leave voicemail: Yes No Initials _____

Please check the all that apply to you:

I had an IEP or 504 plan in high school

I have a temporary disability or medical condition: _____

I am interested in academic accommodations

I understand that services are provided after DSPS receives receipt of documentation of disability or completion of a learning disability assessment.

Student Signature

Date