



**DISABILITY SUPPORT SERVICES
TARRANT COUNTY COLLEGE DISTRICT**

- Northwest Campus Northeast Campus
 South Campus Southeast Campus

Accommodation Request Form

- NEW SEMESTER REQUEST UPDATE PREVIOUS REQUEST

COLLEAGUE ID	TODAY'S DATE / /	SEMESTER/YEAR
STUDENT NAME		TELEPHONE NUMBER
CURRENT STREET ADDRESS		ALTERNATE NUMBER
CITY, STATE & ZIP		EMAIL
SPONSORING AGENCY (i.e. DARS) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, COUNSELOR NAME AND LOCATION

ACCOMMODATIONS REQUESTED:

****If you require services for both a lecture and lab class, you must list these as separate courses! Except AERO classes.**

	Enter course information below and mark which accommodations are being requested				
1. Note Taker					
2. Alternative Testing					
3. Interpreter					
4. CART					
5. Emergency Evacuation Assistance					
6. Tape Recorder					
7. Tables/Chairs					
8. Front Row Seating					
9. Mobility Device(s)					
10. Other (see comments)					
11. None Needed					
12. Printed Material in Alternative Formats					

Comments: _____

STUDENT SIGNATURE	DSS DIRECTOR SIGNATURE
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