

ACCESS SERVICES DEPARTMENT –INTERAMERICAN CAMPUS

SERVICE REQUEST FORM

Student: _____
Date of request: _____
Term: _____
Disability: _____

Student #: _____
Telephone: _____
AA Program: _____
AS Program: _____

I would like to request the following service(s):

1. Advisement and counseling
2. Referral to outside agency
3. Letters sent to instructors
4. Reader
5. Tutoring
6. Notetaker or Scribe
7. Sign Language Interpreter
8. Special Testing Accommodations: CPT ____ EPT ____ TABE ____ CLAST ____ Other ____
9. Special Testing Arrangements: Extra time ____ Room ____ Scribe ____ Reader ____
10. Equipment: ____ Calculator ____ Language Master ____ Tape Recorder ____ Other
11. Adaptive Equipment: ____ Visual Tek (CCTV) Room(s): _____
12. Other Adaptive Equipment or Furniture:
13. ACCESS Course: ____ SLS ____ Reading ____ Mathematics ____ Adapt. Tech.
14. Course Sub ____ CLAST Waiver ____ An Appeal ____ Academic Amnesty ____

My schedule of classes is as follows:

Course	Reference Number	Days/Time	Room #	Instructor

STUDENT SIGNATURE

DATE

APPROVED BY: (Coordinator's Signature)

*** To be eligible for services, the student must return this form with a copy of a validated schedule.**