

Yuba College
 Disabled Students Programs and Services
 Phone: 530-741-6795 VP 866-274-7530 Email: dspsinfo@yccd.edu
ACCOMMODATION REQUEST FORM

Student Name _____ Student ID _____ Phone _____

Class	Class Code	Days	Times	Instructor First Initial/Last Name	Room #

Accommodations Requested for this class:

- | | | |
|--------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chair | <input type="checkbox"/> Note-taker | <input type="checkbox"/> Captioner |
| <input type="checkbox"/> Table | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Other _____ |

Class	Class Code	Days	Times	Instructor First Initial/Last Name	Room #

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| <input type="checkbox"/> Table | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Other _____ |

I understand that it is my responsibility to check on the status of this request within one week of making my request.

STUDENT SIGNATURE _____

DATE _____

ACCOMMODATION APPROVED BY _____

DATE _____