



ALAMO COLLEGES

Banner ID:

Renewal Request for Disability Services

Name: _____
ACES Email Address: _____@student.alamo.edu
Mailing Address: _____
Street Address City, State Zip
Phone: _____ Alternate Phone: _____
Major: _____
Request for (indicate semester & year): Fall _____ Spring _____
Summer I _____ Summer II _____

Please initial applicable:

- 1. _____ I would like to KEEP the same services/accommodations I received last semester.
2. _____ I would like to CHANGE the service/saccommodations I received last semester.
Therefore, I will schedule an appointment with the Disability Services to discuss these changes.

What accommodations worked last semester? _____

What accommodations did not work? _____

Changes/Comments _____

The Office of Disability Services will determine reasonable accommodations as appropriate under the Americans with Disabilities Act (ADA.)

Student's Signature: _____ Date: _____

The Alamo Colleges do not discriminate on the basis of race, color, religion, gender, national origin, age, disability, veteran status, genetic information or sexual orientation with respect to access, employment programs, or services. Inquiries or complaints concerning these matters should be brought to the attention of: Associate Vice Chancellor of Human Resources and Organizational Development, Title IX Coordinator, (210) 485-0200. Address: Human Resources Department, 201 W. Sheridan, Bldg. A, San Antonio, Texas 78204.

Received by: _____ (Staff Initials) Date: _____