



Accommodation Request Form

Please submit to disabilityservices@lsc.edu

Name:

Star ID:

Current Semester:

Phone Number:

Please list the course titles and instructors you are currently registered for:

Course 1: Instructor:

Course 2: Instructor:

Course 3: Instructor:

Course 4: Instructor:

Course 5: Instructor:

Please indicate the requested accommodations by checking the boxions