Disability Services Request Form

Please submit to disabilityservices@lsc.edu

Name_____ Star ID_____

Preferred Name _____ Pronouns _____

Address_____ City_____

State_____ Zip Code_____ Phone_____

Email_____ Program at LSC_____

Are you a current PSEO or LSC student? Yes No

Have you been a prior college student? Yes No
If so, where? _____

Have you used accommodations in High School
or at a previous college/university? Yes No
If so, what accommodations? _____

Please identify the disabilities that impact you:

F Learning Disability F