

Prince William Sound Community College

REQUEST FOR SERVICES

ALL QUESTIONS MUST BE ANSWERED – FORM TO BE RETURNED TO STUDENT SERVICES

Name _____
Last First Initial

PWSCC ID # _____ Telephone: _____

Mailing Address _____

City _____ State _____ Zip _____

Date of Birth: _____ Email Address: _____

ACCOMMODATIONS REQUESTED

❖ **DOCUMENTATION OF DISABILITY ATTACHED?** ___ Yes ___ No

❖ **PERMISSION TO RELEASE ACCOMMODATION INFORMATION.**

I authorize Prince William Sound Community College to release the information necessary for the implementation of the accommodation request to the professional staff of Prince William Sound Community College or the University of Alaska involved in the provision of the accommodation.

Signature of Person Requesting Accommodation

Date