

DATE: _____

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information collected at no charge to you.

Service Request Form For Students with Disabilities Fall 2009

Student Information:

Name: _____

Student ID#: _____

Phone #: _____

Alternative Phone #: _____

Current Address: _____

Number and Street

City

State

Zip

E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Academic School: _____

Major: _____

Degree: (circle one) BA/BS MA/MS PhD Anticipated Graduation Date: _____

Service Being Requested: _____

Service requested can take up to 2 weeks to process.

Please complete this form and return it with your schedule promptly to the Disability Services Office.

Service request forms are handled on first come, first serve basis.

UHCL is an equal opportunity institution and does not discriminate against anyone on the basis of race, religion, color, sex, disability, age, national origin, or veteran status.