

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 Summer 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.