

707-256-7345 **♦** 707-256-7442 **♦** Room 1766

SEMESTER ACCOMMODATIONS REQUEST

Please fill out the following information to request your accommodations (academic adjustments, auxiliary aids, and services) for the semester. A letter of accommodations will be sent to each instructor via campus email. Please allow 3-5 days for your request to be processed. All information is confidential. Once requested, it is the student's responsibility to verify with your instructor(s) to make sure they have received your accommodation authorization. DSPS cannot be responsible for providing accommodations unless requested.

Today's Date:		Semester:	☐ Summer ☐ Fall ☐ Spring	20	
Naı	me:		Student ID#:		
ΝV	C Student Email Addres	SS:	@student.napavalley.ed		
Pho	one:				
NO	<u>class</u> . If you are o been added to and * Please do not sub * Note-taking accor	n a waitlist, yo d have register omit multiple re nmodations re	s for a class <u>unless you are continued in the class.</u> The class in th	est form once es). ately by subn	you have
	Course Name:	Section #	Instructor (full name):	OFFICE USE ONLY Date/initials: created emailed	
	Ex: Math 90	12345	Smith, John		
	OFFICE USE ONLY:	1			

AAP on file:

Date rec'd:

Colleague: _

SAM contact: