



**DISABILITY SUPPORT PROGRAMS & SERVICES (DSPS)**

Request for Services

Name: \_\_\_\_\_

A Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Permission to leave voicemail:      Yes       No       Initials \_\_\_\_\_

Please check all that apply to you:

- I had an IEP or 504 plan in high school
- I have a temporary disability or medical condition: \_\_\_\_\_
- I am interested in academic accommodations
- I would like to be tested for a learning disability

I understand that services are provided after DSPS receives receipt of documentation of disability or completion of a learning disability assessment.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date