



Disabled Student Program and Services

Reasonable Accommodations Request

Please print and fill out completely, pending Counselor/ LD Specialist approval accommodation letter(s) will be sent to your instructor and emailed to you.

Date Term/ Year

LACCD Student ID Student Name

LACCD E-mail Address @student.laccd.edu

Classes for which you are requesting accommodations: [] Entire Schedule

Table with 3 columns: Class Number, Course, Instructors. Includes an example row: Example 13127, Math 227, West, L.

[] Approved [] Declined [] Other (See Notes)

Notes/Comments

Counselor Signature Date