Disability Support Services Request For Accommodations

Circle Semester: Fall  Spring  Summer  20____

Name ____________________________________________  Student ID _____________

HCC Email ____________________________@my.heartland.edu  Phone _______________

Please complete #1-4 below as needed.

1. Courses Where Accommodations Needed

Would you like to use accommodations in all of your courses? (circle one)

Yes    No    If no, list ONLY the classes which you would like to use accommodations.

_____________________________________________________________________________________
_____________________________________________________________________________________

2. Emergency Medical Occurrence Form

☐ If you have completed an Emergency Medical Occurrence Form and want it emailed to all of your instructors and HCC Security, check the box. Please see DSS Staff if you need to update this form or with questions.

3. Other Comments

☐ If there is other information you wish DSS to share with your instructors, check the box and write the information below. Your signature below gives DSS permission to share this information.

_____________________________________________________________________________________
_____________________________________________________________________________________

4. Read the information below, sign and date the form, and return the form to DSS.

Disability Support Services (DSS) will inform the course instructors of your approved accommodations by e-mail. You will want to talk with each of your instructors as soon as you can (after the course starts) to discuss which of your accommodations you want to use.

You will also receive an email of your approved accommodations in your HCC e-mail. Read this email and contact DSS with questions.

Signature: ________________________________  Date: __________________

Name ____________________________

HCC Email ____________________________@my.heartland.edu  Phone _______________