



STUDENT INFORMATION *(Please Print or Type)*

Today's Date _____

Name _____
Last First Middle Initial

Address _____ Apt/Bldg# _____
Street City State Zip Code

Phone (____) _____ Email Address _____

Have you requested accommodation from UCSC Silicon Valley Extension in the past? Yes No

Please describe your disability and **attach the appropriate documentation**
(any medical documentation that speaks to your specific needs or disabilities): _____

COURSE INFORMATION

Course Number _____ Course Title _____

Start Date _____ End Date _____

ACCOMMODATION REQUESTED

- Course
- Sign Language Interpreter
- Notetaking Services
- Assisted Listening Device
- Books on tape
- Other _____

COURSE INFORMATION

Course Number _____ Course Title _____

Start Date _____ End Date _____

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UCSC Silicon Valley Extension

In keeping with the provisions and guidelines of the Americans with Disabilities Act, UCSC Silicon Valley Extension makes every effort to make reasonable accommodation for those students with special needs. If you feel that you will require special accommodation, please contact our Student Services Office at least **2 weeks** prior to the event or course. Our ADA Officer will work closely with you and the department sponsoring the course or event to ensure you access with reasonable accommodation.

After you have completed this form please return it to the ADA Officer. If you make any changes to your course schedule you must contact the ADA Officer immediately.

Problems or grievances? Contact the ADA Compliance Officer:

Office of the Registrar
UCSC Silicon Valley Extension
Phone: (408) 861-3700
Fax: (408) 342-0164
extensionregistrar@ucsc.edu

If you need assistance placing telephone calls, please contact the California Relay Service by dialing 711.

Student Statement: I certify that I have considered all questions carefully and that my statements are true and complete to the best of my knowledge.

Signature _____ Date _____

Office Use Only: <input type="checkbox"/> Approved _____ <input type="checkbox"/> Denied _____
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