

Services to Students with Disabilities

Service Request

Name: _____

Term/year: _____

Address: _____

Disability: _____

Documentation enclosed (circle one): Yes No

Phone: _____

Email: _____

Check if making a change to a previously submitted schedule.

Check if planning to engage with ICAP Career Coach this term.

Class Title	Instructor	Accommodation desired

Other Services Requested:

Signature: _____

Return Student Services, Founders Hall, 541-882-3521, kcc.disability@klamathcc.edu