

Disability Services & Resources (DSR) Office Enrollment Form

My signature below indicates: that the above information is true and accurate; that I have read, understand and accept my responsibilities; that I give permission for the DSR office to discuss the requested accommodation(s) with my instructors, College officials and other agencies / schools if deemed necessary to provide reasonable accommodation(s).

In order to obtain these accommodations, I acknowledge that it is my responsibility to:

- Contact instructors about accommodations when they have been emailed the Academic Modification and Adjustmentsen