



Temple College

Student Accommodations Office
Accommodations Request Form

Name: _____ Today's Date: _____

Phone: _____ TC I.D. or SSN: _____

Address: _____

E-mail: _____ Major: _____

ACCOMMODATIONS REQUESTED

Term(s) accommodation will be needed:

- Fall _____
- Spring _____
- Summer _____

Signature of Requester

Date

Accommodations Coordinator

Date

Note: Appropriate documentation substantiating a disability is required in order to authorize appropriate accommodations.