MOORPARK COLLEGE

ACCESS

ACCESSIBILITY COORDINATION CENTER AND EDUCATIONAL SUPPORT SERVICES

REQUEST FOR ACCOMMODATIONS

Name of Student: _____ Student ID#: 900 _____

VCCCD Email: _____ @my.vcccd.edu Phone #: _____

Semester: ☐ Fall ☐ Spring ☐ Summer Year: 20 _____

This form needs to be completed each semester prior to receiving accommodations. Once this form is completed and signed by you, the student, please email it to mcaccess@vcccd.edu.You will be copied on the email of your confidential memos to your instructor(s). We will do our best to process your request to ensure a 72 hour turn around. If you have an urgent need to be accommodated please get in touch with a faculty member.

Example: **Course: LS M03** **Instructor: Jolie Herzig** **Day: Monday/ Wednesday** **Time: 9 a.m. - 11:50 a.m.** **Location: LMC 125** **Accommodation(s) being requested: Note-Taking, 1.5x time on tests, Preferential Seating**	**1.** **Course:** _____ **Instructor:** _____ **Day:** _____ **Time:** _____ **Location:** _____ **Accommodation(s) being requested:** _____ _____ _____ _____ _____		
	2. **Course:** _____ **Instructor:** _____ **Day:** _____ **Time:** _____ **Location:** _____ **Accommodation(s) being requested:** _____ _____ _____ ☐ **Check here if same as course 1.**	**3.** **Course:** _____ **Instructor:** _____ **Day:** _____ **Time:** _____ **Location:** _____ **Accommodation(s) being requested:** _____ _____ _____ ☐ **Check here if same as course 1.**	**4.** **Course:** _____ **Instructor:** _____ **Day:** _____ **Time:** _____ **Location:** _____ **Accommodation(s) being requested:** _____ _____ _____ ☐ **Check here if same as course 1.**

I am enrolled in the following courses and am requesting accommodations for them.
I would like ACCESS to process a Confidential memo sharing my accommodations with the instructors on this form.

Student Signature: _____ Date: _____

Alternate Format Available – Call (805) 378-1461 Ext. 3