THE UNIVERSITY OF WEST FLORIDA
STUDENT DISABILITY RESOURCE CENTER
STUDENT REQUEST FOR SERVICES
Building 21, Room 130
(850) 474-2387

DATE: __________________________ SEMESTER: ( )SPRING _____
( )FALL _____
( )SUMMER _____

NAME: ___________________________________ SS# ____________________

MAILING ADDRESS _________________________________________________

__________________________________________________________________

STUDENT TELEPHONE# ___________________ ALTERNATE# ____________

E-MAIL ADDRESS: ________________________________________________

Services requested by student:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

*Student must notify SDRC immediately if there are any changes to your class
schedule (i.e. drop, add or change in courses). Failure to notify SDRC of
changes my prevent you from receiving future services.

*Student Signature: ___________________________ Date: ________________

Completed by: _____________________________ Date: ________________
(for departmental use only)