



Accessibility Center for Education

DSPS Document Request Form

I am hereby requesting a copy on file of the following document(s):

- Accommodations Form
- Disability Verification Form
- SEP (Student Educational Plan)
- Other _____

Delivery Format:

- Pick up at ACE (Building 2400) Number of copies: _____
- Mail: _____
(Print mailing address)
- Fax: _____
- Email: _____

Name _____
(Please print)

W Number # _____
(Chabot College Student ID number)

Signature _____

Today's Date ____/____/____

Employee providing copy of document(s) _____

*Student's identification confirmed