



Request for Services

Dean of Students Office

550 N. College Avenue, Claremont, CA 91711

909-621-8017 • 909-607-7228

Date _____ Student ID _____ DOB _____

Name _____ Phone _____

Pomona Email _____ Male Female

DISABILITY INFORMATION

I have the following disability or disabilities;

- Hearing Impairment
- Mobility
- Neurological
- Speech/Language
- Cognitive
- Chronic Health
- Psychological/Emotional
- Visual Impairment
- ADD/ADHD
- Other _____

Please describe your disability and how it affects your academics:

Please describe past accommodations/academic adjustments that have helped you succeed: academically

What accommodations do you need?

Signature

Date