



Dean of Students
Pomona College 550 N. College Avenue.
Claremont CA 91711
909.621.8017 | Fax 909.607.7288 |

Accessibility Resources and Services

Student Request for Personal Care Attendant

SECTION 1: STUDENT INFORMATION

Name: _____ Date: _____

Pomona School ID: _____ Phone: _____

Pomona email: _____

Semester requesting the PCA for: Fall Spring Year: _____

I am requesting a PCA in the following environments: Classroom Residence Hall

SECTION 2: PERSONAL CARE ATTENDANT INFORMATION

PCA Name: _____ License number: _____

Email: _____ Phone: _____

Employer/Agency Name: _____

Employer/Agency Address: _____

Employer/Agency Phone Number: _____

SECTION 3: HOUSING INFORMATION

Housing assignment (*building and room number*): _____

Indicate day/time PCA will need to be in the residence hall: _____

SECTION 4: COURSE INFORMATION

I am requesting a PCA to assist me in the following course(s):

Course title: _____

Day/Time: _____ Location: _____

Professor Name: _____

Course title: _____

Day/Time: _____ Location: _____

Professor Name: _____

Please attach additional sheets if needed. Include a copy of your course schedule.