

# SERVICE REQUEST FORM (SRF)

(913) 469-8500, ext. 3521 (voice)  
(913) 469-3885 (TTY) – FAX: (913) 469-2503

**For Office Use Only:  
Documentation:**

\_\_\_\_\_ Approved  
\_\_\_\_\_ Not approved  
\_\_\_\_\_ Temporary

*Semester:* \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Last name First name Middle initial*

**Student ID #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Alternative phone number(s):** \_\_\_\_\_

**JCCC e-mail address (user name):** \_\_\_\_\_ [@stumail.jccc.edu](mailto:stumail.jccc.edu)

**Disability:** \_\_\_\_\_

**What accommodations do you anticipate needing this semester?** \_\_\_\_\_

**Note:** Approved accommodations will be printed on the specific Faculty Memo for each course. Accommodations will be determined based on the student's needs and specific course requirements.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

**Do you receive Vocational Rehabilitation (VR) Services?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If so, VR Counselor name and address:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you work with a specific JCCC Academic Counselor?** \_\_\_\_\_

**I am willing to allow Access Advisors to contact my instructors about my accommodations and disability needs for educational purposes: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Comments:** \_\_\_\_\_

**As a student of Johnson County Community College who qualifies to use accommodations/services through Access Services for Students with Disabilities, I acknowledge that during my meeting with an Access Advisor:**

1. \_\_\_\_\_ I received a copy of the Student Responsibilities Brochure (if new, incoming student).
2. \_\_\_\_\_ I was informed of my responsibilities in the accommodations process.
3. \_\_\_\_\_ I was informed that it is my responsibility to discuss my need for accommodations with my instructors.
4. \_\_\_\_\_ I was informed that it is my responsibility to notify Access Services of any problems with my accommodations.
5. \_\_\_\_\_ I was informed that it is my responsibility to notify Access Services of any changes in my class schedule.
6. \_\_\_\_\_ I was informed that it is my responsibility to check my JCCC e-mail regularly as this is the primary means of communication that Access Services will use.
7. \_\_\_\_\_ I was informed that if any absences from class affect my accommodations, it is my responsibility to notify appropriate Access Services personnel.

**Comments:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Access Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

