COLLEGE of CENTRAL FLORIDA
–an equal opportunity college–

DISABILITY SERVICES
RENEWAL FORM FOR ACCOMMODATIONS

Complete form and return via email to access@cf.edu.

Date: _____

Personal Information

CF ID No.: _____

Student Name: _____
Last First

Telephone: _____ Email: _____

Request Semester: ☐ Fall ☐ Spring ☐ Summer - Request Term: ☐ A ☐ B ☐ C

Format: ☐ Lecture ☐ Online ☐ Hybrid

Provide course information for classes for which you are requesting accommodations.

Course Example:
Course Prefix: *CGS* ***Course No.:*** *1100* ***Course Section:*** *01*

Course Prefix:		**Course Prefix:**	
Course No.:		**Course No.:**	
Course Section:		**Course Section:**	
Professor Name:		**Professor Name:**	

Course Prefix:		**Course Prefix:**	
Course No.:		**Course No.:**	
Course Section:		**Course Section:**	
Professor Name:		**Professor Name:**	

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Course No.:		**Course No.:**	
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Course No.:		**Course No.:**	
Course Section:		**Course Section:**	
Professor Name:		**Professor Name:**	

Notes:

College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Equity Officer, Ocala Campus, Ewers Century Center, Room 201C, 3001 S.W. College Road, 352-854-2322, ext. 1437, or smithc@cf.edu.