



**DISABILITY SERVICES
RENEWAL FORM FOR ACCOMMODATIONS**

Complete form and return via email to disability@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:	

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Course No.:		Course No.:	
Course Section:		Course Section:	
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Notes: