## IMPERIAL VALLEY COLLEGE MEL WENDRICK ACCESS CENTER

DISABLED STUDENT PROGRAMS AND SERVICES

## REQUEST FOR SERVICES

Date:	Student Name:
Semester:	G#:
Telephone #:	E-mail:

Service Class Day(s) Time Instructor Rm #

**DSP&S Counselor Signature** 

<sup>\*\*</sup>This request is **NOT VALID** without a DSP&S counselor signature.