Services for Students with Disabilities
Student Request for Assistance Form

Date: _____

Your name: _____ PSCC ID number: _____
Your address:
Street: _____ City_____ Zip _____

Your email address: _____Your phone number: _____

Please use the back of this form if you need more space.

1. Describe the situation (who is involved, what happened, date(s) of occurrence, etc.).

2. What have you done to try to resolve the problem yourself? (Persons that you talked with, result of conversations, etc.).

3. How would you like to see the problem resolved? Please be specific.

---------- Office use – Do not complete ----------

Reviewed by: _____ (SSWD Staff Member) Date: _____
SSWD Staff Recommendation: