

Coastal Bend College
Disability Services
Cancellation of Accommodations Request Form

Semester Attending: _____ **Today's Date:** _____
(fall, spring, summer) (Year)

Student Information (please print clearly)

Name: _____
(First) (Middle) (Last)

CBC Student ID: _____ Cellphone: _____

Email Address: _____

Address: _____
City State Zip

CBC Location (Check one):

Alice Site

Kingsville Site

Beeville (Main Campus)

Pleasanton Site

Accommodations Information: (Check One)

I would like to cancel my services:

_____ For one of my classes.

Please list course: _____ **Instructor's Name:** _____

Please list course: _____ **Instructor's Name:** _____

_____ For all of my classes for the semester and **I would like** to renew them next semester.

What accommodation(s) would you like to stop receiving? (Please write each one)

**** If you would like to continue to receive your accommodations for a future semester, you must fill out and submit the "Renewal for Services Form" to the nearest CBC location. By signing below, you are finalizing the cancellation of your academic services for your class or classes.**

Student's Signature: _____ Date: _____

Disability Services: _____ Date Received: _____

Coastal Bend College does not discriminate on the basis of race, color religion, gender, national origin, age or disability in the recruitment and admission of students; the availability of grants and scholarships. No qualified disabled person shall, on the basis of being disabled, be subjected to discrimination in education, training, or employment. Inquiries or complaints concerning these matters should be brought to the attention of: Dean of Student Services.