



Guam Community College
Office of Accommodative Services
Accommodations Request Update Form

Date of Request: _____ Request for Semester/Year: _____

Name: _____ (Last Name First Name M.I.)

Are there any changes to your disability: [] Yes [] No

If yes, please explain: _____

Did your mailing address change: [] Yes [] No

If yes, please indicate your current address: _____

Are there any changes to your contact information: [] Yes [] No

If yes, please indicate: Home No.: _____ Cell Phone No.: _____

Email address: _____

Please indicate any other updated information that the Office of Accommodative Services should know concerning you and your disability:

Four horizontal lines for providing additional information.

Signature

Date

Table with 3 columns: Print Name, Signature, Date. Rows include 'For OAS Staff Only', 'Date Received:', and 'OAS Staff:'.