

MEMO REQUEST FORM
Services to Students with Disabilities
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Student Name: _____ Request for: Fall Winter Spring Summer 20 ____

Coyote ID#: _____ Request Date: _____

Counselor: _____

- **It is MY responsibility** to submit a completed Memo Request Form to SSD. This form may be obtained from the SSD office during normal business hours or on the SSD website.
- **It is MY responsibility** to submit the Memo Request to the instructor.
- **I am aware** that once the Memo Request for has been submitted, SSD will complete the form within two (2) working days.

I have read and agree to the above responsibilities and statements:

Student Signature _____ Date _____

Class Schedule

Please list only those courses for which you are requesting a Class Aide.

(Example: Eng 306, 01, Smith)

Course _____	Section# _____	Instructor's Last Name _____
Course _____	Section# _____	Instructor's Last Name _____
Course _____	Section# _____	Instructor's Last Name _____
Course _____	Section# _____	Instructor's Last Name _____
Course _____	Section# _____	Instructor's Last Name _____
Course _____	Section# _____	Instructor's Last Name _____

*Please attach additional form if needed

Received

White-SSD Canary-Student