



# Lake Superior College

## Disability Services

### Provisional Service Rationale

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Telephone \_\_\_\_\_ Academic Program \_\_\_\_\_

Suspected Disability \_\_\_\_\_ Service Request Date \_\_\_\_\_

Accommodations granted on \_\_\_\_\_

#### Disclaimer

**You have been granted accommodations through Lake Superior College’s Disability Services Office on a temporary basis. Temporary services will only be issued for a six week time period. You will be required to undergo diagnostic testing or some other means, to determine the nature of your disability. Without adequate documentation from a licensed professional, services through the Disability Services Office will cease after six weeks.**

**Failure to provide documentation of your disability within the six week time frame will result in the discontinuation of all services through the Disability Services Office.**

*I have read and understand the terms of the services in which I am receiving. If I do not provide the necessary documentation, I understand that all services will cease after the six week period and is possible to cease within the six week period.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_