



Guam Community College
Office of Accommodative Services
Accommodation Request Update Form

Name: _____ Last Name: _____ Date Requested _____

Semester Requested for: _____ Any update in your disability? Yes or No:

If yes: Please explain: _____

Any changes in mailing address? Yes or No: If yes, please indicate new mailing address:

Any changes in contact information? Yes or No: If yes, please indicate new contact information:

Home Telephone Number: _____ Cell Phone Number: _____

Email address: _____

Please indicate here any other updated information that the Office of Accommodative Services needs to know about you and your disability:

Signature

Date

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