

City College of San Francisco  
Disabled Students Programs & Services

**CLASS RELOCATION FORM**

Student Name:	Today's Date:
Student ID:	CRN & Course Title:
Student Address:	Day and Time Class Meets:
Student Phone#:	Location (Campus, Building Rm.#):
Student Email:	Instructor Name:

Please describe the access difficulty you are experiencing.

**Completed forms must be submitted to either:**

Disabled Students Programs and Services    **OR**