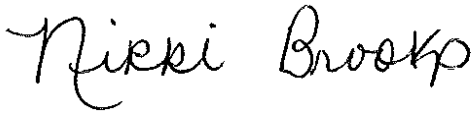


## Accommodation/Services Request Form

Please complete this form to assure you receive services for the semester indicated. You must have the appropriate documentation and an accommodation plan on file to receive any services or accommodation from Disability Support Office. **To receive continued services this form must be renewed EACH semester in attendance.**

Sincerely,



**Nikki Brooks**

Disability Support Services Coordinator

---

**Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

(Required if requesting Note Takers)

I am requesting services for (choose one):  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

**I want the following services:**

- Extended Test Time (all classes / just the following classes \_\_\_\_\_ )
- Note Takers (all classes / just the following classes \_\_\_\_\_ )
- Test Reader
- Test Scribe
- Quiet Testing Room (SSC)
- Accessible Seating: \_\_\_\_\_
- Recording of Lectures
- Alternate Formats Texts (all classes/just the following classes): \_\_\_\_\_
- Interpreter (Preference List): \_\_\_\_\_
- Other: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**Office Use Only**

Comments: \_\_\_\_\_  
\_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

DSS Code: \_\_\_\_\_ DSS Status: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_