

SERVICE REQUEST FORM FALL 2012

OFFICE USE ONLY Received: PACKET P/U DATE:				
	Added to SWD 1 1 2 3			

(785) 670-1629 student-services@washburn.edu

Please complete and return to the Student Services Office. When your accommodation forms are ready to be picked up, you will be notified by email.

Name			SSN or WIN	
(First)	(MI)			
Address	Street Address		Home Phone	
City	State	Zip	_ Home Phone	
Washburn Email		<u>@washburn.edu</u>	Cell Phone	
□ I plan to live on campus □I	have an off campus	clinical/practicum/internace notice is needed to provide a	ship for the upcoming semester	
ype of Disability		VR Counselor		
egreeMajor		VR Counselor WU Advisor		
Accommodation requests mu	st be submitted at 1	least two months prior	to date services should begin.	
1. Permission to Tape Rec				
2. In-Class Notetaker			Extended Test Time	
3. Sign Language Interpre	ter	Distraction-Reduced Environment		
4. Brailled Items		Test Reader/Scribe		
5. Large Print for Syllabi, 10. Assistive Technology (training required)				
			= -	
6. Table and/or Chair in Classroom		OPENBook ReaderZoomtext (Screen Magnifier)		
7. Texts in Alternate Form			·	
Form for each text 3-4 weeks				
	_		. 🔻	
8. Other		- 	0/10/12 12/14/12	
Please list each course for v	vilich you are req			
Course #/Name	Bldg/Rm#	Professor	Accommodations	
Course #/Name	Bldg/Rm#	Professor	Accommodations	
Course #/Name	Bldg/Rm#	Professor	Accommodations	
Course #/Name	Bldg/Rm#	Professor	Accommodations	
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I know it is my responsibility to accommodation requests. If I a	o make an appointm	ent with each of my instructions or	ructors and to discuss my	
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