



SERVICE REQUEST FORM SUMMER 2016

The Student Services Office
1700 SW College, MO 105
Topeka, KS 66621
785- 670-1629
student-services@washburn.edu

OFFICE USE ONLY			
Added to SRF List			
1	2	3	<input type="checkbox"/>

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 _____
 (First) (MI) (Last) WIN _____

Address _____ Home Phone _____
 Street Address - -

City State Zip Cell Phone _____ - -

Washburn Email _____@washburn.edu Diagnosis _____

I plan to live on campus I have an off-campus clinical/practicum/internship for the upcoming semester.
 (4-8 weeks advance notice is needed to provide accommodations)

Degree/Major _____
 WU Advisor _____ VR Counselor _____

Accommodation requests must be submitted at least two months prior to date services should begin.

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Permission to Tape Record Lectures 2. In-Class Notetaker 3. Sign Language Interpreter 4. Brailled Items 5. Large Print for Syllabi, Quizzes/Tests, Handouts 6. Table and/or Chair in Classroom 7. Textbooks in Alternate Format (must provide Alternate form for each text 3-4 weeks in advance of your need). 8. Other _____ | <ol style="list-style-type: none"> 9. Test Accommodations <ul style="list-style-type: none"> ___ Extended Test Time ___ Distraction-Reduced Environment ___ Test Reader/Scribe 10. Assistive Technology (training required) <ul style="list-style-type: none"> ___ OPENBook Reader ___ JAWS (Screen Reader) |
|---|--|

Please list each course for which you are requesting accommodations.

Course #/Name	Bldg/Rm#	Professor	Accommodation #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I know it is my responsibility to make an appointment with each of my instructors and to discuss my accommodation requests. If I am having difficulty with accommodations or I am changing my schedule, it is my responsibility to notify Student Services as soon as possible.

Student Signature

Date

For office use only: <input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> AT <input type="checkbox"/> F <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> L <input type="checkbox"/> E _____ Staff initials Date	Date emailed Student: _____ Date picked up packet: _____ Student Signature: _____ Date: _____ Date emailed Prof(s): _____
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