



SERVICE REQUEST FORM

FALL 2016

OFFICE USE ONLY			
Added to SRF List			
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The Student Services Office
 1700 SW College, MO 105
 Topeka, KS 66621
 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 _____
 (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.

- | | |
|---|--|
| 1. Permission to Tape Record Lectures | 9. Test Accommodations |
| 2. In-Class Notetaker | ___ Extended Test Time |
| 3. Sign Language Interpreter | ___ Distraction-Reduced Environment |
| 4. Brailled Items | ___ Test Reader/Scribe |
| 5. Large Print for Syllabi, Quizzes/Tests, Handouts | 10. Assistive Technology (training required) |
| 6. Table and/or Chair in Classroom | ___ OPENBook Reader |
| 7. Textbooks in Alternate Format (must provide Alternate form for each text 3-4 weeks in advance of your need). | ___ JAWS (Screen Reader) |
| 8. Other _____ | |

Please list each course for which you are requesting accommodations. 8/20/16 - 12/16/16

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: _____