Student Request for Special Accommodation Services
(Please complete this form after you have officially registered for the class and fax it to: (202) 479-6843)

(1) Date of Request _____

(2) Student Name_____ _____ _____ _____ _____ _____
Last **First**

(3) Telephone #s:
_____**Day** _____**Evening**

(4) E-Mail Address_____

(5) Sponsoring Agency _____ _____

(6) ADA Coordinator _____**Telephone #**_ _____ _____
E-Mail Address_____
(May be supervisor's information or person completing the form)

(7) Class Title _____ _____
Class Course Code_____ _____

(8) Class Location_____ _____ _____ _____

(9) Class Start Date_____**Class End Date**_____ _____

(10) Special Accommodation Requested (Check all that apply.)
_____**Note Take (captioner)** _____**Oral Interpreter**
____**C-Print** _____**Braille** ____**Large Print** _____**Other - Explain**
_____**Sign Language Interpreter-Type** _____ _____
_____**ASL** _____**Tactile** _____ _____
_____**PSE** _____**Low Vision** _____ _____
_____**ENG** _____ _____

(11) Student's Signature or Designee_____

FOR OFFICE USE
(1) Class Registration ID_____
(2) Class Day(s) of Week_____
(3) Date Provided Requested_____