

REQUEST FOR SERVICES
Disability Services
Southern Polytechnic State University
The ATTIC
J 253

Date: _____ ID# _____

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Information about your disability:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Acquired Brain Injury |
| <input type="checkbox"/> Visual | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Other: _____ |

Accommodations you are requesting:

- | | |
|---|--|
| <input type="checkbox"/> assistance with books on tape | <input type="checkbox"/> print modifications |
| <input type="checkbox"/> campus orientation | <input type="checkbox"/> reader |
| <input type="checkbox"/> relocate classroom | <input type="checkbox"/> scribe |
| <input type="checkbox"/> distraction-free testing space | <input type="checkbox"/> sign language interpreter |
| <input type="checkbox"/> extended testing time | <input type="checkbox"/> TDD usage |
| <input type="checkbox"/> letter to instructor ** | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> note taking assistance | |

** It is that student's responsibility to give these forms to instructors. Accommodation forms are available in the ATTIC J-253 and proper signatures are needed in order for services to be effective.

As the Americans with Disabilities Act mandates, all documentation must be provided to Disability Services in order for accommodations to be provided.