

ACCESSIBLE FURNITURE / IN-CLASS EQUIPMENT REQUEST

Student Information

Student Name: _____ Student ID: _____
 Primary Phone: _____ Semester: _____
 Campus E-mail: _____ Today's Date: _____

Furniture / In-Class Equipment Requested

Requested Furniture: Chair Table Other: _____

List only those courses for which you are requesting Accessible Furniture.

(Example: COUN 206, Smith, 8:00AM - 9:10AM, ED171)

Course	Instructor	Time of Course	Building & Room No.

Accessible Furniture Agreement Reminders

- **I agree** to submit my request to the SSD office in a timely manner to allow at least ten (10) working days to process and fulfill my request, each semester that I need accessible furniture.
- **I agree** to inform SSD immediately should there be any change in my class schedule, classroom location, cancellation of service, or any questions or concerns.
- **I agree** to notify SSD immediately if furniture or equipment is missing or damaged during the time it is assigned to me, so it can be replaced or repaired (please allow up to ten (10) days for request to be processed and fulfilled).

I have read and agree to the above responsibilities and statements:

Student Signature: _____ Date: _____

Request approved by Staff: _____ Date: _____