



(785) 670-1629
student-services@washburn.edu

SERVICE REQUEST FORM

OFFICE USE ONLY	
Received: _____	
~~~~~ PACKET P/U DATE: _____	
Student Signature _____	Date _____
Added to SWD List 1    2    3	

I plan to attend Washburn during the _____ semester of 20____.  
(Spring/Summer/Fall) (Year)

Name _____ SSN or WIN _____  
(First) (MI) (Last)  
Address _____ Street Address _____ Home Phone _____ - _____ - _____  
City State Zip Work Phone _____ - _____ - _____  
Washburn Email _____ @washburn.edu Cell Phone _____ - _____ - _____

☐ 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)

In an emergency, please call _____ at _____  
Name Telephone number  
Person's relationship to you _____

Major (if decided) _____ WU Advisor _____

Type of Disability _____

**Current documentation must be on file in order to provide services.** Received _____ Requested _____

Documentation may include:

___ Disability Assessment Form ___ Psychoeducational Evaluation ___ Medical Records  
___ Statement of Diagnosis ___ Audiogram ___ Other _____

Do you qualify for Vocational Rehabilitation? ___ Yes ___ No ___ Applied

If yes, who is your counselor? _____

Address _____ Phone(____) _____

* * * * *

**Requests for accommodations must be submitted at least two months prior to the date services should begin.**

**Please circle/check** the accommodation(s) you believe you will need.

- |                                                                                                                |                                              |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 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,<br>Quizzes/Tests, Handouts                                                         | 10. Assistive Technology (training required) |
| 6. Table and/or Chair in Classroom                                                                             | ___ OPENBook Reader                          |
| 7. Texts in Alternate Format (must provide Alternate<br>Form for each text 3-4 weeks in advance of your need). | ___ Zoomtext (Screen Magnifier)              |
| 8. Other _____                                                                                                 | ___ JAWS (Screen Reader)                     |
|                                                                                                                | ___ Use of CCTV                              |

Accommodations are arranged on an individual basis. Please list each course for which you are requesting accommodations and list the specific accommodation(s) desired for that course. Student Services will prepare a letter for each instructor. **When your accommodation packet is ready, you will be notified through your Washburn email to come pick it up within three business days.**

COURSE #/SECT	REF #	COURSE TITLE	DAY/TIME	BLDG/RM	INSTRUCTOR	ACCOMMODATIONS
<b>Example:</b>						
AS101    A	13211	Intro/Astronomy	TR/ 9:30-10:45	HC/304	Faculty Name	# 3 and 6

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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 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"/> L <input type="checkbox"/> E	Date emailed _____
_____	_____	
Staff Signature	Date	