



# SERVICE REQUEST FORM SUMMER 2013

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

(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 \_\_\_\_\_ 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)

Type of Disability \_\_\_\_\_ VR Counselor \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ WU Advisor \_\_\_\_\_

**Accommodation requests must be submitted at least two months prior to date services should begin.**

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

**Please list each course for which you are requesting accommodations.**

\*Summer sessions: E=Early 5/28/13-6/27/13      F=Full 5/28/13-7/18/13      L=Late 7/1/13-8/1/13

Session *	Course #/Name	Bldg/Rm#	Professor	Accommodations

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 _____	