



# SERVICE REQUEST FORM



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

Name \_\_\_\_\_ SSN \_\_\_\_\_  
First Middle Last WIN \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone#-Day \_\_\_\_\_ Evening \_\_\_\_\_ E-Mail \_\_\_\_\_

In an emergency, please call \_\_\_\_\_ at \_\_\_\_\_  
Name Telephone number

Person's relationship to you \_\_\_\_\_

Type of Disability \_\_\_\_\_

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

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

Documentation may include:

- |   |   |
|---|---|
| <input type="checkbox"/> Disability and Impairment Form | <input type="checkbox"/> Psychoeducational Evaluation |
| <input type="checkbox"/> Statement of Diagnosis         | <input type="checkbox"/> Audiogram                    |
| <input type="checkbox"/> Medical Records                | <input type="checkbox"/> Other _____                  |

Do you qualify for Vocational Rehabilitation? Yes \_\_\_\_\_ No \_\_\_\_\_ Applied \_\_\_\_\_

If yes, who is your counselor? \_\_\_\_\_

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Major (if decided) \_\_\_\_\_ WU Advisor \_\_\_\_\_ Degree Plan on file: \_\_\_\_\_  
\* \* \* \* \*

**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. Tape Record Lectures  | 9. Test Accommodations                               |
| 2. In-Class Notetaker  | <input type="checkbox"/> Extended Test Time          |
| 3. Sign Language Interpreter   | <input type="checkbox"/> Non-Distractive Environment |
| 4. Brailled Items  | <input type="checkbox"/> Test Reader/Scribe          |
| 5. Large Print for Syllabi,<br>Quizzes/Tests, Handouts                                       | 10. Assistive Technology (training required)         |
| 6. Table and/or Chair in Classroom   | <input type="checkbox"/> OPENBook Reader             |
| 7. Taped Texts (must provide syllabi, books, and<br>tapes 4-6 weeks in advance of your need) | <input type="checkbox"/> Zoomtext (Screen Magnifier) |
| 8. Other _____   | <input type="checkbox"/> JAWS (Screen Reader)        |
|  | <input type="checkbox"/> 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 letters are ready, you will be notified by phone to come pick them up.**

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 an changing my schedule, it is my responsibility to notify Student Services as soon as possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use:	Date/time called: _____
_____	Date picked up letters: _____
Student Services Staff Signature	Date
R A N A T M F L C S	