

Accessible Furniture / In-Class Equipment Request Form

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.

- **It is MY responsibility** 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.
- **It is MY responsibility** to inform SSD immediately should there be any change in my class schedule, classroom location, cancellation of service, or any questions or concerns.
- **It is MY responsibility** 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.

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

Student Signature: _____ Date: _____

Request approved by Staff: _____ Date: _____