

ECU DISABILITY SERVICES

ROOM 159 ADMINISTRATION
580.559.5297/5677 FAX 580.559.5294

REQUEST FOR SERVICES

Name _____ ID# _____ Semester _____ Date _____

Mailing address _____ Phone _____

Major _____ Hours completed _____ Classification _____ E-mail _____

I will be requesting instructor notifications for the following classes:

Class name: (Ex: Freshman Seminar)	Instructor: (First and last names)	Accommodation(s): (See Below)
1.		
2.		
3.		
4.		
5.		
6.		

Accommodations requested are based on recommendations made in disability documentation provided by the student.

Please specify which class(es) in which you are requesting each accommodation (please list corresponding letter in box above)

- a. Testing in our office to allow: extra time, reader, scribe
- b. Testing in a reduced distraction environment
- c. Use of adaptive equipment for testing _____
- d. Textbooks in an alternate format: audio, e-text
- e. Volunteer note takers
- f. Colored paper/overlays _____
- g. Sign language interpreters _____
- h. Enlargement of printed material _____
- i. Audio recording of lectures _____
- j. Preferred seating _____
- k. Other _____

Student Signature/Date

Disability Services/Date