

ECU DISABILITY SERVICES

Room 159 ADMINISTRATION

580.559.5297/5677 FAX 580.559.5294

REQUEST FOR SERVICES

Name _____ ID# _____ Date _____

Mailing Address _____

Phone _____ Email _____ Semester _____

Major _____ Classification _____

 Check if your previous accommodations need to be adjusted for new semester.

OFFICE USE ONLY.

 Testing (in our office or online) to allow for reader scribe extra time (_____)

 Testing in a reduced distraction environment.

 Use of adaptive equipment for testing _____

 Textbooks in an alternate format. Audio E-Text

 Volunteer note takers.

 Use of colored paper or colored overlays _____

 Sign Language Interpreters.

 Enlargement of Printed Material. Size _____

 Audio/Video recording of lectures.

 Extra time for assignments. (_____)

 Consideration given for absences due to disability.

 Preferred seating _____

 Other _____

Student Signature/Date

Disability Services/Date