



Disability Resource Center

### Classroom Request for Accommodations

Reader

Notetaker

Scribe

Table

Chair

SmartPen

**TERM:**

FALL \_\_\_\_\_

WINTER \_\_\_\_\_

SPRING \_\_\_\_\_

SUMMER \_\_\_\_\_

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Describe briefly the accommodation that you are requesting:


Course Name	Time Class Meets	Day(s) (MWF, TTH)	Building and Room #	Accommodation Request

**Please read before signing:**

I understand that it is my responsibility to request approved accommodations each semester and to meet with a DRC Counselor if any changes or additional accommodations are needed. I will also notify the DRC Office if I change my class schedule.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department use:

Accommodation verified in SAM and Ellusion contact completed.

Staff member assisting student \_\_\_\_\_

Date: \_\_\_\_\_