

Disability Services Request Form

Name: _____

RVCC ID#: G_____

E-mail: _____

Phone #: _____

Please check one type of service. If you are requesting more than one service, please complete a separate form for each request. Please allow up to at least 2 weeks' processing time.

Requesting services for: SPRING FALL WINTER SUMMER 20____

Type of service:

- Sign language interpreter**
 - Please specify the language (i.e. American Sign Language, etc.) _____
- Communication Access Real-time Translation/CART**
- Request for an in-person reader** (Please provide a copy of the syllabus for the request.)
- Request for a scribe** (Please provide a copy of the syllabus for the request.)

Course/Event Information

Course/event name (i.e. lecture, exam, etc.): _____

If this request is for an event, please specify the date: _____

Please fill in times under the day you are requesting the service

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End

Location of the class/event (include Building and Room) _____

Name of Professor (if applicable): _____