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

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

  ○ Name of Professor (if applicable): ______________________________________________________