

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):** _____