



CLASS ACCOMMODATION FORM
ALL REQUESTS MUST BE MADE SEVEN (7) DAYS IN ADVANCE

Name: _____ Last 4 digits of your NSHE #: _____

Request _____ or **Cancellation** _____

Date of Services	Complete Class Information
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Start Date: _____ End Date: _____	1. Class Name/Number/Section: _____ / _____ / _____ 2. Check days of the class: <input type="checkbox"/> DE <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> U 3. Time of the class: From: _____ am/pm To: _____ am/pm 4. Check campus: <input type="checkbox"/> Cheyenne <input type="checkbox"/> Charleston <input type="checkbox"/> Henderson <input type="checkbox"/> Other: _____ 5. Building / Room # of Class: _____ 6. Professor Last Name: _____ 7. Is this Class A Hybrid? _____

Services Requested (Check all that Apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Special Letter-One Time _____ | <input type="checkbox"/> Reader | <input type="checkbox"/> Quiet Testing Environment |
| <input type="checkbox"/> Special Letter-Absences _____ | <input type="checkbox"/> Scribe | <input type="checkbox"/> Scantron Assistance |
| <input type="checkbox"/> Special Letter-FT Status: _____ | <input type="checkbox"/> Table/Chair | <input type="checkbox"/> Spelling Dictionary |
| <input type="checkbox"/> ADA Technology | <input type="checkbox"/> Tape Recorder | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Alternative Text Format | <input type="checkbox"/> Tutorial Services | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Visual Technology/CCTV | <input type="checkbox"/> Oral Interpreter |
| <input type="checkbox"/> Enlarged Print _____ | <input type="checkbox"/> Calculator | <input type="checkbox"/> Real-time Captioning |
| <input type="checkbox"/> Lab Assistant | <input type="checkbox"/> Extended Time X1.5 | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Note Taker | <input type="checkbox"/> Extended Time X2.0 | <input type="checkbox"/> Typewell Transcriber |

My signature below certifies that the above information is accurate and I agree to comply with the DRC/DHH policies and procedures to continue receiving my accommodations. I understand that I am responsible for notifying the DRC/DHH of any schedule changes related to this request. I have been informed that I will be billed for any unnecessary expenses incurred due to the failure on my part to notify the office of any schedule changes.

Student Signature: _____ Date: _____

Date Entered/Initials _____ Date: _____

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