



DISABILITY RESOURCE CENTER &
DEAF AND HARD OF HEARING SERVICES
CLASS ACCOMMODATION FORM

Today's Date: _____

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

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

(Please complete one form for each class you are requesting services for)

Request _____ or Cancellation _____

Date of Services	Complete Class Information
<p>Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</p> <p>Start Date: _____</p> <p>End Date: _____</p>	<p>1. Class Name/Number/Section: _____/_____/_____</p> <p>2. Check days of the class: <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</p> <p>3. Time of the class: From: _____ To: _____</p> <p>4. Check campus: <input type="checkbox"/> Cheyenne <input type="checkbox"/> Charleston <input type="checkbox"/> Henderson <input type="checkbox"/> Other: _____</p> <p>5. Building / Room # of Class: _____</p> <p>6. Professor Last Name: _____</p> <p>7. Event/Activity: _____</p>

Services Requested (Check all that Apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Note Taker | <input type="checkbox"/> Lab Assistant | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Tape Recorder | <input type="checkbox"/> Tutorial Referral | <input type="checkbox"/> Typewell |
| <input type="checkbox"/> Special Letter to Prof: _____ | <input type="checkbox"/> Books on CD | <input type="checkbox"/> Real-time |
- Alternate Seating: (Check those which are applicable) **Table** and/or **Chair**

Testing Accommodations: (Check all that apply)

- DRC Testing Room Extended Time: x1.5 x2.0 Reader Scribe Computer CCTV/Enlarged Print

My signature below certifies that the above information is accurate and I agree to comply with the DRC policies and procedures to continue receiving my accommodations. I understand that I am responsible for notifying the DRC of any schedule changes during the semester. 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: _____

DS Signature: _____ Date: _____ Staff Initials: _____

CHEYENNE OFFICE
3200 EAST CHEYENNE AVENUE, CIT
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HENDERSON, NV 89002
PHONE (702) 651-3795
FAX (702) 651-3004

TTY –DEAF & HARD OF HEARING OFFICE: (702) 651-4448 OR CHEYENNE CAMPUS DRC OFFICE: (702) 651-4328