



Special Request

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

Name _____ NSHE # _____

REQUEST ONLY THE SERVICES THAT YOU HAVE BEEN APPROVED FOR

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

Request _____ or Cancellation _____

Complete Request Information

- 1. What is this request for? (Be specific; i.e. counseling, English Project, tutoring, etc.)
2. What is the date of the event?
3. Time of the event From: _____ a.m./p.m. _____ a.m./p.m.
4. Check campus: [] Cheyenne [] Charleston [] Henderson [] Other: _____
5. What is the room number? : _____
6. Please provide the full address if the event is not located on a campus:
7. Additional Information (i.e. meeting spot, contact person)

Services Requested (Check all that Apply)

Table with 2 columns: checkbox, service type. Includes Sign Language Interpreter, Oral Interpreter, Speech-to-Text, C.A.R.T, Scribe, Note Taker, Lab Assistant, Research Assistant, Alternate Seating (Table, Chair), Recording Device, OTHER:

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: _____

Cheyenne Office
3200 EAST CHEYENNE AVENUE, CIT
N. Las Vegas, NV 89030-4228
PHONE (702) 651-4045
FAX (702) 651-4179

Deaf and Hard of Hearing Services
3200 E. CHEYENNE Ave. MOD 3, MID
N. Las Vegas, NV 89030-4228
Phone (702) 651-4448
FAX (702) 651-4583
VP (702) 475-4676

West Charleston Office
6375 West Charleston BLVD., WDRC
Las Vegas, NV 89146
PHONE (702) 651-5644
FAX (702) 651-5760

Henderson Office
700 COLLEGE DRIVE, HIB
HENDERSON, NV 89002
PHONE (702) 651-3795
FAX (702) 651-3004