ECU DISABILITY SERVICES

Room 159 ADMINISTRATION

580.559.5297/5677 FAX 580.559.5294

REQUEST FOR SERVICES

Name _____ ID# _____ Date _____

Mailing Address _____

Phone _____ Email _____ Semester _____

Major _____ Classification _____

____ Check if your previous accommodations need to be adjusted for new semester.

OFFICE USE ONLY.

___ Testing (in our office or online) to allow for ___reader ___scribe ___extra time (_____)

___ Testing in a reduced distraction environment.

___ Use of adaptive equipment for testing _____

___ Textbooks in an alternate format. ___Audio ___E-Text

___ Volunteer note takers.

___ Use of colored paper or colored overlays _____

___ Sign Language Interpreters.

___ Enlargement of Printed Material. Size _____

___ Audio/Video recording of lectures.

___ Extra time for assignments. (_____)

___ Consideration given for absences due to disability.

___ Preferred seating _____

___ Other _____

_____

_____ _____

Student Signature/Date Disability Services/Date

Revised

8/15/2013