

WESTERN OREGON UNIVERSITY

Office of Disability Services Support Services Request

Please complete this form as soon after registration as possible to insure that you receive services in a timely manner.
Be sure to include all requested information. All information will be kept confidential.

Term/Year: _____ / _____

Name: _____ V # _____

Local Address: _____ Year in School _____

City: _____ State _____ ZIP: _____

Phone #() _____ E-mail _____

What is the best way to reach you? Phone E-mail

				I Request the Following Services:				
CRN	Class	Days	Time	Interpreter	Typewell/ FM System	Notetaker	Books in Alt. Format	Alternative Testing
10555	BIO101	MWF	11-12			X		X

Other accommodations needed: _____

Signature: _____ Date: _____