

Maintenance Use Only:

Date assigned:

Disability Support Services FURNITURE ACCOMMODATION REQUEST

Date completed:

Last Name:	st Name:SWC ID #						
First Name:	Phone:						
Classroom Ta	ble Request						
If you	ı need a table pla	aced in your clas	sroom, check t	he best table h	eight for you	listed:	
	28"	29"	30"	31"	32"	33"	
This will be the	height for the bot	tom of the table.	We will try to g	et as close to you	ur requested he	eight as possible.	
Do you use a wheelchair?				S	No	No	
If "Yes", check the type of chair you use:				anual	Electric		
Does your wheelchair have arms?				S	No		
Classroom Ch	air Request						
Do you need a chair placed in this classroom?				S	No		
If Yes, select the type of chair:				standard chair	A wide c	A wide chair	
your DSS Specia What kind of spe	ecialized chair do	you need?					
Did you discuss this with your DSS Specialist? If you checked "No" please discuss this with your DSS Specialist?					No		
·	·	•	•	•			
	pelow the days, t			·		•	
DAYS Example: MWF	Start Time 8:00 AM	8:50 AM	Room # 28-112	Start Date 8/18/20	12/19	Date 9/20	
	srooms are in us	_	-				

Assigned to: