** Center for Access and Accommodative Services Room A-105**

**Monday –Thursday 8:00-5:00 Friday 8:00-3:00 (708)456-0300 ext. 3917**

# Request for Services

To activate your accommodations for upcoming semesters, complete and submit this form to caas@triton.edu a minimum of three weeks prior the start of each semester.

**Semester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I am working on: \_\_\_\_ Associate in Art or Science Degree \_\_\_\_ Non-degree/transfer courses**

**\_\_\_\_ Associate in Applied Science Degree \_\_\_\_ Continuing education courses**

**\_\_\_\_ Career Related Certificate \_\_\_\_ GED**

**My Major is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List the courses for which you are requesting accommodations. (Example; COL102.001)**

**Note: Accommodations will be activated ONLY for the classes listed below:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved services I am requesting: \_\_\_\_\_ Testing Accommodations. Testing appointments require the Bb appointment form to be submitted at least 2 days prior to your testing date. \_\_\_\_\_ Initial here**

**\_\_\_\_\_ Kurzweil**

**\_\_\_\_ Sign Language Interpreters \_\_\_\_\_ Record Lectures: phone/computer using Otter**

**\_\_\_\_ Assistance crossing 5th Avenue \_\_\_\_\_ Note-taking Services for MAT**

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| --- | --- |
| **Office Only:**  Colleague #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PHIN Services:  ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_ Remove Inactive Label ­­­­­\_\_\_\_Needs retraining** | Faculty Memos:  Student Email:    PHIN Codes:  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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