** 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**

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

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