

Center for Access and Accommodative Services

Rooms A-105

(708)456-0300 ext. 3917 or <u>caas@triton.edu</u> Monday-Thursday 8:00-5:00 Friday 8:00-3:00

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: | | | |
| | | | Zip Code |
| Triton E-mail | | | atriton.edu |
| Preferred Phone | | | |
| List the courses for which you are a Note: Accommodations will be acti | vated ONLY for the | he classes listed be | elow: |
| Approved services I am requesting | | | |
| Testing Accommodations* | | Record L | ectures: phone/computer using Otter |
| Sign Language Interpreters | | Assistanc | ee crossing 5th Avenue |
| Other | | | |
| | | | ted at least 2 days prior to your testing date 12 PM the Friday before Initial her |
| Office Only: | | | Faculty Memos: |
| Colleague #: | | | Student Email: |
| PHIN Services: | | | PHIN Codes: |
| | | | Date |

Needs retraining

Remove Inactive Label