



Accessible Furniture Request Form

Disabled Student Services 180 Strand Union Building (406) 994-2824 Fax: (406) 994-3943

Request for: ___Fall ___Spring ___Summer 20___

Student Name: _____ Student ID#: _____

Phone: _____ Email: _____

- **It is MY responsibility** as a current student to submit my request to the DSS office at least ten (10) working days prior to the start of the semester.
- **It is MY responsibility** to inform DSS immediately should there be any change in my class schedule, classroom location, cancellation of service, or any questions or concerns.

Class Schedule			
<u>List only those courses for which you are requesting Accessible Furniture.</u>			
(Example: WRIT 101, 01, MWF, 11-11:50, WIL 1119)			
Course #	Section #	Day/Time	Location

FURNITURE REQUESTED (*please be as specific as possible*):

___ Adjustable Table ___ Chair for Assistant ___ Non-standard Desk and Chair

Other: _____

I have read and agree to the above responsibilities and statements:

Student Signature: _____ Date: _____