



**Contact Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

**Type of furniture being requested:**

The DRC will make every effort to provide the specific furniture set forth in this request; however, it may be necessary to use furniture that is most readily available that meets your needs. The DRC does not provide items of a personal nature. Please inquire for more information.

- Chair
- Padded chair with arms
- Padded chair without arms
- Table
- Other: \_\_\_\_\_

**Location of class for requested furniture:**

Building: \_\_\_\_\_ Room #: \_\_\_\_\_

Have you checked this room for your requested furniture? Yes  No

Building: \_\_\_\_\_ Room #: \_\_\_\_\_

Have you checked this room for your requested furniture? Yes  No

Building: \_\_\_\_\_ Room #: \_\_\_\_\_

Have you checked this room for your requested furniture? Yes  No

Building: \_\_\_\_\_ Room #: \_\_\_\_\_

Have you checked this room for your requested furniture? Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please attach a class schedule and note the classes in which you are requesting furniture.**

**Note: A minimum of 7 business days may be required to fulfill this request.**

-----Office Use Only-----

Request received on: \_\_\_\_\_

Accommodation verified on: \_\_\_\_\_

Request emailed on: \_\_\_\_\_

Return to Jody Wicker  
Disability Resource Center  
Thompson Building, Suite 101A