



Are you currently enrolled in the Recording for the Blind and Dyslexic Program?  Yes  No

If so, what is your RFB&D #:

Do you qualify for Vocational Rehabilitation?  Yes  No  Applied

If so, who is your counselor?

Address: Phone:

Please list the accommodations / services you are requesting:

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Please list the course for which you are requesting these services.

COURSE#/TITLE	DAY/TIME	BLDG/RM#	INSTRUCTOR
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I understand the goals of this program and that participation is optional. I authorize the staff to use my student records to assist in providing program services. I also understand it is my responsibility to arrange accommodations with my instructors. If I am having difficulty with accommodations, it is my responsibility to notify Student Affairs as soon as possible. It is also my responsibility to notify Student Affairs of any changes I have made in my schedule.

(Signature) (Date)

