St. Louis Community College
FLORISSANT VALLEY FOREST PARK MERAMEC WILDWOOD

ACCOMMODATION REQUEST
(Limited Distribution*)

To: ACCESS OFFICE
disAbility Support Services

- ❑ **Florissant Valley**
- ❑ **Meramec**
- ❑ **Forest Park**
- ❑ **Community Relations (CC)**

From: _____ **Date:** _____

Event: _____ **Participant's Name:** _____

Date of Event: _____ **Social Security Number:** _____

Location: _____ **Address:** _____

Time: _____ **Phone Number:** _____

Event Coordinator: _____

Phone Number: _____

ACCOMMODATION NEEDS

Hearing	*Visual*	*Physical*	*Learning*
❑ **Interpreter** ❑ **Notetaker** ❑ **FM System** ❑ **Special Seating** ❑ **Closed Caption** ❑ **Other** _____ _____ _____	❑ **Braille** ❑ **Notetaker** ❑ **Taped Version** ❑ **Special Seating** ❑ **Computer Disk Version** ❑ **Large Print** ❑ **Reader** ❑ **Writer** ❑ **Other** _____ _____ _____	❑ **Extended Time** ❑ **Notetaker** ❑ **Accessible Site** ❑ **Special Seating** ❑ **Accessible Table** ❑ **Accessible Map** ❑ **Reader** ❑ **Writer** ❑ **Close Parking** ❑ **Other** _____ _____ _____	❑ **Extended Time** ❑ **Notetaker** ❑ **Taped Version** ❑ **Reader** ❑ **Writer** ❑ **Other** _____ _____ _____

Special Instructions: _____

_____

- Submit this form at least two working days in advance of event -

Distribution: White Copy; Originator/Event Coordinator
Yellow Copy: ACCESS Office
Florissant Valley, 4551
Meramec, 7673
Forest Park, 9243
Community Relations (CC), 5140

Information on a person's disability should be kept confidential. Please keep your copy in a secure file.