



Request for Accessible Furniture for Classroom

Name: _____
Last First MI

Student ID Number: _____

Permanent Address: _____
Number Street or PO Box Apt #
City State ZIP Code

Check one: New Student Returning Student Expected Date of Graduation _____

Disability and its impact: _____

Does this disability require an accommodation plan? Yes No

Furniture being requested:

- Straight Back Chair
- Separate Chair & Table
- Separate Table Only
- Soft Chair
- Chair with Arm Rests
- Other _____

Campus furniture for use is needed on: LAPL PRIN LEON WALD

Classroom(s) number, day, and time furniture is needed: _____

Date of request: _____

Signature of Student: _____