

ACCESSIBLE FURNITURE REQUEST

**Attention Students**: ALL information on this form MUST be filled out before DSS can process the request. Allow a minimum of 5 business days for furniture placement into the classrooms. Inform DSS immediately should there be any change in your class schedule, classroom location or cancellation of service. If you have any questions, contact Sherry L. Patrick at [spatrick@tamusa.edu](mailto:spatrick@tamusa.edu).

Date Submitted:

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| ***GENERAL INFORMATION (complete the following):*** |

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| Last Name: | First Name: | | Middle Initial: |
| Preferred Name: | | Preferred Pronoun: | |
| Preferred Phone: | | Date of Birth: | |
| Student ID: | | Student Email: | |

Please select all that apply per semester: **Indicate the School Year**:

Fall (16-wk) Spring (16-wk) Maymester (2-wk) Summer 1 (5-wk)

Fall Flex 1 (8-wk) Spring Flex 1 (8-wk) Summer (8-wk) Summer 2 (5-wk)

Fall Flex 2 (8-wk) Spring Flex 2 (8-wk) Summer (10-wk)

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| ***FURNITURE INFORMATION (complete in entirety):*** |

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| --- | --- | --- | --- |
| Course Name: | Section ID: | | Day and Time of class: |
| Professor First & Last name: | | | |
| Building/Room Number: | | | |
| Type of Furniture: Armless Chair Padded Chair Chair with Lumbar Support Stationary Chair  Height Adjustable Chair Chair on Wheels Bariatric Chair Adjustable Table Stool | | | |
| Other Furniture Request: | | | |
| Location in Classroom: Front of Class Back of Class N/A | | | |
| **FOR OFFICE USE ONLY:** | | | |
| **Date received request:** | | **Final location of furniture:** | |
| **Date furniture checked out:** | | **Furniture ID number:** | |

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