IMPERIAL VALLEY COLLEGE MEL WENDRICK ACCESS CENTER

DISABLED STUDENT PROGRAMS AND SERVICES

ACCESSIBLE FURNITURE REQUEST FORM

Date:	Student Name:
Semester:	G#:
Telephone #:	E-mail:

Accomn	nodation					Furniture
Table	Chair	Room #	Course	Instructor	Day(s)/Time	Placed

DSP&S Counselor Signature

^{**}This request is <u>NOT VALID</u> without a DSP&S counselor signature.