

**ACCESSIBLE FURNITURE REQUEST FORM**  
**Services to Students with Disabilities**  
**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**

Student Name: \_\_\_\_\_ Request for: Fall Winter Spring Summer 20 \_\_\_\_\_

Coyote ID#: \_\_\_\_\_ CSUSB Email: \_\_\_\_\_@csusb.edu

Contact Phone: \_\_\_\_\_ (circle one) home work cell

- **It is MY responsibility** as a new student to meet with my SSD Counselor at least ten (10) working days prior to the start of the quarter to review my request for Accessible Furniture.
- **It is MY responsibility** as a current student to resubmit my request to the SSD office at least ten (10) working days prior to the start of the quarter if the request is the same as the prior accommodation.
- **It is MY responsibility** to submit my request to the SSD office at least twenty (20) working days prior to the start of the quarter if the request is a modification of a prior request or a new request. For all modifications and new requests, students are required to meet with their SSD Counselor at least ten (10) working days prior to the start of the quarter to review the request.
- **It is MY responsibility** to inform SSD immediately should there be any change in my class schedule, classroom location, cancellation of service, or any questions or concerns.

I have read and agree to the above responsibilities and statements:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Class Schedule**

**List only those courses for which you are requesting Accessible Furniture.**

(Example: Eng 306, 25624-01, Smith, 8-9:10, UH 106)

Course #	Call #/Section	Instructor	Day/Time	Location
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

White-SSD Canary-Student

Received