

CART SERVICE REQUEST FORM
Services to Students with Disabilities
CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

Student Name: _____ Request for: Fall Winter Spring Summer 20 _____

Coyote ID#: _____ Request Date: _____

*New _____ *Add _____ Delete _____

- **It is MY responsibility** to submit a completed Cart Service Request Form to SSD at least thirty (30) days prior to the first day of classes each quarter.
- **I am aware** that these services require approval by the Academic Support Services Coordinator, who may contact me to change pick-up/drop-off times based on schedule availability.

	Approved/ Scheduled (Staff initials)
1. Day(s) of the week: _____ Pick-up Time: _____ Pick-up Location: _____ Drop-off Location: _____	_____
2. Day(s) of the week: _____ Pick-up Time: _____ Pick-up Location: _____ Drop-off Location: _____	_____
3. Day(s) of the week: _____ Pick-up Time: _____ Pick-up Location: _____ Drop-off Location: _____	_____
4. Day(s) of the week: _____ Pick-up Time: _____ Pick-up Location: _____ Drop-off Location: _____	_____
5. Day(s) of the week: _____ Pick-up Time: _____ Pick-up Location: _____ Drop-off Location: _____	_____

Student Signature

Date

Staff Signature (for receipt only)

Date

White-SSD Canary-Student

