

VISUAL IMPAIRMENT ORIENTATION 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** to submit a completed Visual Impairment Orientation Request Form to SSD at least thirty (30) days prior to the first day of classes each quarter.
- **It is MY responsibility** to establish and maintain communication with SSD regarding my Visual Impairment Orientation request.
- **I am aware** that I may request an orientation appointment with an SSD designee to orient myself to my classrooms, campus buildings or locations.
- **I am aware** that the visual impairment orientations offered by SSD do not take the place of Orientation and Mobility training provided by professional trainers through the Department of Rehabilitation. Students who require Orientation and Mobility training will be referred to the Department of Rehabilitation.

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

Student Signature _____ Date _____

Request Destination

List only those destinations for which you are requesting V.I. Orientation.

Location – (Other than a classroom)

Location – (Other than a classroom)

_____ Course	_____ Call #/Section	_____ Instructor	_____ Day/Time/Location
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_____ Course	_____ Call #/Section	_____ Instructor	_____ Day/Time/Location
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*Attach additional form if needed

Received

White-SSD Canary-Student