

## **Service Request Form**

## **Person Requesting Services:**

Note: Person requesting services must be an eligible student of SSCC, meaning they have registered for classes at any of the four campuses of Southern State Community College and have been approved by the Office of Accessibility Services as needing such accommodations.

Student Name		Stude	Student ID	
Student Phone #		Stude	Student Email	
<u>Services Ne</u>	eded for:			
Date		Start	Start Time End Time	
Description	of Assignment			
Location				
Please Chec	ck Services you are Request	ing:		
	Interpreter		Test Proctor	
	C-Print Captionist		Closed Captioning (for faculty use)	
	Transcription			
Points to reme	ember:			
✓ Stude	est must be made 48 hours (2 day nt must be present at the time of traces must be provided at one of SSCC	anscription.	eed services.	
✓ Docum time to			tment. Student cannot spend transcription ou come to the appointment.	
Student Sig	nature	Request Da	ate	
Coordinato	r of Learning Services & Acc	essibility Sig	nature	
Annrove / I	Disapprove (circle one) A	opproval Date	e	