



Accessible Furniture Request Form

Name: _____ Term: _____ Year: 20____

College/Year: _____ Email: _____@westernu.edu

Phone: _____ Check One: Home Work Cell

Complete the furniture request below. The accessible furniture you request **must** be an approved ^{HF}CDHP accommodation.

Class (Class, Lab, Clinical Site)	Class Days and Times	Location (Bldg. and Room)	Type of Furniture

Student Signature: _____ Date: _____