

Dr. Natalie Burick Assistant Dean of Students

Dean of Students Access and Care 102 Campus Success Center P: 724.738.4877 F: 724.738.4399 disabilityservices@sru.edu

Captioning Request Form

ONLY TO BE COMPLETED BY: Slippery Rock University students with captioning as an approved accommodation through Disability Services.

Please complete the information below for the courses that you are requesting captioning for in the given semester. When complete, please email this form to <u>disabilityservices@sru.edu</u>.

NOTE: If you drop or withdraw from a class in your schedule that you have requested captioning for, please let Disability Services know as soon as you are aware of the changes

captionin	ig for, please let	Disability Services know as soon	as you are	e aware of	the changes.
Student	Information				
Student Name					
Student	ID Number				
Semester					
Course l	Information				
CRN	Course (Code & Number)	Course Title	Days	Times	Professor (First & Last Name)
Signatur	re Statement				
		electronically to this document, y handwritten signature.	I agree tha	t my electi	ronic signature is
Student Signature					
Date					