



Office of Disability Services
 901 S. Haverhill Road 600 Building, Room 604
 El Dorado, KS 67042
 (316) 322-3166, (316) 733-3166
 FAX 323-6498

Service Request Form
 term _____

Office of Disability Services
 1810 N. Andover Road Room 6429A
 Andover, KS 67202
 (316) 218-6214
 FAX 733-2204

Name _____ Butler I D # _____

Address _____ Birth Date _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Work (____) _____ - _____ Cell (____) _____ - _____

Email Address _____

To ensure accommodations are in place in a timely manner,
 COMPLETED requests are due to the Special Needs Office no later than 3 WEEKS BEFORE the beginning of the semester.

CRN #	Course # and Name	Instructor's Name	Alternate Text	Note Taker

Student Signature _____ Date _____