



Center for Disability and Health Policy

### 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 \_\_\_\_ be an approved HFCDHP accommodation.

(Class, Lab, Clinical Site)		(Bldg. and Room)	

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

