

Portland State University

Disability Resource Center (DRC)

Information & Academic Support Center; Smith Memorial Student Union, room 435; 725-4150 (voice), 725-6504 (tty)

Service Request

Name: _____

Address: _____

Phone: _____

Email: _____

Student Id: _____

Term: _____

Date: _____

Credit Hrs.: _____

for DRC use only

student enrolled: _____

information updated: _____

Check if making a change in the information above.

Services Requested

CRN	Subject	Course No.	Sect. No.	Class Title	Instructor	Day(s)	Time	Building/ Room	(S)ign intrp (R)real-time*	Texts: (S)can (T)ape	Note Taker	Testing	FM Loop	Furniture: (T)able (C)hair

* Note for students who use **interpreting or captioning services** only: Please deliver this form directly to the Interpreting/Captioning Services Coordinator.

Check box if you would you like to be sent an advance registration form for the following term.