Office of Services for Students with Disabilities - Interactive Video Recording Request Form

Students may gain access to recordings of an Interactive Video Class as an approved accommodation by the Director of Services for Students with Disabilities.

Student Name: ____________________________________________

Student ID#: ____________________________

Name of the class: ____________________________________________

Class prefix/number/section: ____________________________________

Date of the class recording: ____________________________

Time of the class recording: ____________ Day of the class recording: ____________

Instructor of the class: ____________________________________________

This section to be completed by the Director of Services for Students with Disabilities

Instructor approves of request: _____ Yes _____ No

Documentation supports request: _____ Yes _____ No

Student is currently registered in the class: _____ Yes _____ No

Student will be allowed to view the video outside of the Office of Services for Students with Disabilities: _____ Yes _____ No

If yes, explain why the student cannot view the video on campus: _______________________________________________________

If yes, Student has signed acknowledgement form: _____ Yes

Request is approved: _____ Yes _____ No

If no, explain: ________________________________________________________________________________________________

_____________________________________________________________________________________________________

________________________________________  ______________________________
Director of Services to Students with Disabilities  Date