

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