

Student Organization Event
Disability Accommodation Request Form

Student Contact Information:

Name: _____ USF ID: _____
Phone: _____
Email: _____

Request & Event Information

Event: _____
Sponsoring Department/Organization: _____
Event/Organization Contact: _____
Event Date: _____ Event Start Time: _____ Event End Time: _____
Event Description: _____
Campus Location: _____

Requested Accommodations:

- Sign Language Interpreter
- Communication Access Real Time Translation (CART)
- Accessible reserved seating
- Other: (Please specify)

Accommodation request details and/or comments:

Student Signature: _____ Date: _____

Fax or email the completed form to the Office of Students with Disabilities Services at least five university business days prior to the event. If an event is posted less than five university business days prior to the event, please complete and submit this form as soon as possible and reasonable efforts will be made to provide the requested accommodations.

Students with Disabilities Services
Division of Student Affairs
University of South Florida, 4202 E. Fowler Ave, SVC 1133, Tampa FL, 33620-6923
Phone: (813) 974-4309, Fax: (813) 974-7337, email: sa-sds-information@usf.edu