

D²A² Services Request Form FALL 2025

Date: _____

Received in Office: _____ (date stamp)

Please complete the following so that we can make our services to you as helpful and efficient as possible.

Name: _____

ID: _____

Permanent/Home Address: _____

Permanent Phone: _____ Cell Phone/Work Phone: _____

IUP Email Address: _____

Please note that correspondence for recorded books and note taking will be done **ONLY** through IUP email.

If known, Campus/Local Address for the upcoming semester: _____

For the upcoming FALL semester, please indicate which of the following services you would like:

1. Dear Professor Letters sent? Yes ___ No ___

These will be sent to All Classes, unless you indicate below the specific classes for which you want letters sent:

NOTE: The nature of your disability is NOT disclosed on the memo; only the accommodations are listed. Check (yes) below if we have permission to disclose your disability to instructors. Yes ___ No ___ Be assured that a "NO" answer will in no way affect your letters or service.

2. Does your accommodation plan state that you should receive note takers? Yes ___ No ___ Uncertain ___

If so, do you need to have note takers assigned for this semester? Yes ___ No ___

If you change your schedule, it is your responsibility to notify the note taking coordinator immediately so that they may notify volunteers already in place and request new volunteers.

If you have specific person whom you wish to be a note taker for a class, you must contact dss-notes@iup.edu with their name.

All Classes Yes ___ No ___

If not all classes, specify in **which classes** you desire note takers:

Please turn over

Office use ONLY (Date when completed; follow sequence)

____ Rev By Dear Prof Coord ____ Schedule Printed ____ Entered into D²A² semester green sheet database ____ Dear Professor Letters sent
____ Rev By Recorded Book GA ____ Reviewed by Note taker GA ____ Entered onto Tracking Sheet ____ Noted/Labeled on Contact Sheet

If you wish to request audio/alternate format texts, you must also submit an Alternate Format Text Request Form.

Or, your D²A² adviser can refer you to the audio/alternate text coordinator to do this.

3. **Do you need alternate (audio) books for this semester?** *(If uncertain, please select "YES." Remember, you can change this later if needed, by emailing alt.text@iup.edu.)*

Yes____ No____

4. **Do you need to have classes moved? (physical concerns/inaccessible building)** Yes____ No ____

Please specify which classes:

SIGNATURE REQUIRED:

Signature

Date