D^2A^2 Services Request Form SPRING 2027

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 ☐

All Classes Yes ☐ No ☐
If not all classes, specify in **which classes** you desire note takers:

_____

_____

_____

_____

_____

_____

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.

Please turn over

Office use ONLY (Date when completed; follow sequence)

_____Rev By Dear Prof Coord _____ Schedule Printed_____ Entered into D^2A^2 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