

# D<sup>2</sup>A<sup>2</sup> Service Request form WINTER 2025-2026

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: P \_\_\_\_\_

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 WINTER session, 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.**

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**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:

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**Please turn over**

**Office use ONLY (Date when completed; follow sequence)**

\_\_\_\_ Rev By Dear Prof Coord \_\_\_\_ Schedule Printed \_\_\_\_ Entered into D<sup>2</sup>A<sup>2</sup> 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 D<sup>2</sup>A<sup>2</sup> 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](mailto:alt.text@iup.edu).)*

Yes\_\_\_\_ No\_\_\_\_

- 4. Do you need to have classes moved? (physical concerns/inaccessible building) Yes\_\_\_\_ No \_\_\_\_**

Please specify which classes:

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**SIGNATURE REQUIRED:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date