

## **Accommodations Request Form**

Michigan State University is committed to providing equal opportunity for participation in all programs, services, and activities. Accommodations for persons with special needs may be requested by contacting us a minimum of <a href="two-weeks">two-weeks</a> prior to the seminar you plan to attend. Requests received after this date will be honored whenever possible.

Name:	Date of Request:
Address:	Telephone #:
Date(s) when services are needed:	
Name of event:	
Type of request (please check any of the	e following services that you are requesting):
☐ Interpreter	
☐ Braille transcription of materials	
☐ Text enlargement of materials	
☐ Electronic version of materials	
To be completed by MSU Staff:	
Name of service provider:	
Address:	Telephone #
Date of Confirmation:	(Attach written confirmation)
Service that will be provided:	
Did the service provider comply with co for service)? □ Yes  □ No	ntract requirements (type of service provided and the amount of time If there is a service contract, please attach.
Notes:	
Cost of service:	(attach invoice upon receipt)