Furniture Request Form

Name: ___________________________  ID#: ___________________________

SSU Email Address: ___________________  Phone#: ___________________________

Furniture Request:

Building & Room #: _________________________  (i.e. Stevenson 2001)
Day class meets: _________________________  (i.e. Tuesday/Thursday)
Time class meets: _________________________  (i.e. 3 - 4:50 pm)

Furniture Needs:  (Please check all that apply)

☐ Straight back Chair (armless)
☐ Office Chair with arms
☐ Table
☐ Podium/Table top lectern

Placement needs:

☐ Place furniture in back of classroom
☐ Place furniture in front of classroom
☐ Place furniture at side of classroom near outlet
☐ Other ________________________________

By signing this form I verify that I have checked the current classroom accommodations to ensure that what I am requesting is not already in the room. I also understand that if there are any changes made to my schedule it is my responsibility to notify the Disability Services for Students office. I am also aware that accommodations can only be guaranteed for the beginning of the semester if I submit this form at least three (3) weeks prior to the semester starting. Request submitted there after can take 5-10 business days to be placed.

Student's Signature: ___________________________  Date: ___________________________