



Educational Accessibility Services
Student Academic Success Services
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 Detroit, Michigan 48202
 (313)577-1851 Office
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REQUEST FORM FOR:

Scanning: _____ **Braille:** _____ **Enlargements:** _____

Book on CD: _____

Enlarged class exams: _____ **Class exams read onto tape:** _____

To the student:

EAS will make every effort to fulfill your request as fast as possible, however, please understand that we have many requests to fulfill and it may take more time, especially at the beginning of the semesters.

In some instances, a copy of your class syllabus may be required.

Errors may occur in the scanning process. Graphic information, such as tables, charts, diagrams and others, may not scan accurately.

Student's Name: _____ **Today's Date:** _____

WSU ID# _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell Phone:** _____

Term: _____ **e-mail address:** _____

Class: _____ **Section #:** _____

***Request taken by:** _____
 (EAS staff's signature) (Date:)

Book Title: _____

Class Handouts: _____

Due Date: _____

Syllabus attached: Yes / No / N/A

Author/s: _____

Copy write: _____ **Edition:** _____ **Publisher:** _____