

## Equipment Request Form

**Person Requesting Equipment:**

*Note: Person requesting services must be an eligible student of SSCC, meaning they have registered for classes at any of the four campuses of Southern State Community College and have been approved by the Office of Disability Services as needing such accommodations.*

Student Name \_\_\_\_\_

Student ID \_\_\_\_\_

Student Phone # \_\_\_\_\_

Student Email \_\_\_\_\_

**Please Check Equipment you are Requesting:**

- Smart Pen
- Intel Reader
- Victor Audio Reader
- Stethoscope
- Recorder
- Notebook
- Audiobooks

**Needed for Course Number and Title (For example: MATH 117 C01)**


**Signature** \_\_\_\_\_ **Request Date** \_\_\_\_\_

**Coordinator of Disability Services Signature** \_\_\_\_\_

**Approve / Disapprove** (circle one)      **Approval Date** \_\_\_\_\_