



Gallaudet University
Office for Students with Disabilities
Campus Accessibility Form

REQUEST MADE BY

STUDENT NAME: Student ID #:

E-MAIL:

DATE OF REQUEST: TERM/YEAR:

NATURE OF CONCERN

- Building Access, Residence Hall Access, Elevator Access, Classroom Access, Entrance Way Access, Exterior Area Access, Sidewalk Access, Curb Cut Access, Parking Access, Signage, Other - explain below

LOCATION OF CONCERN

Area of Campus Building, Room Number (if applicable) Street Cross Street

Please describe the concern in detail. Be as specific as possible.

Three horizontal lines for describing the concern.

Please describe any suggestion you may have in solving this concern.

Three horizontal lines for describing suggestions.

Please explain why you need this to be changed.

Three horizontal lines for explaining the need for change.

TERMS AND CONDITIONS

- I understand I will receive a confirmation receipt of my request within 48 hours.
I understand I will notify OSWD if there are any changes to this concern so this request can be stopped.
I understand if there are any problems with Campus Accessibility, I will notify OSWD before approaching other offices.
I understand OSWD will work with me to ensure appropriate accommodations are in place as this Campus Accessibility form request is being processed.

SIGNATURE: DATE:

Office for Student With Disabilities (OSWD)
Gallaudet University
Student Academic Center, Room 1220
Phone: (202) 651-5256 Fax: (202) 651-5887
E-mail: oswd@gallaudet.edu