



**Dr. Natalie Burick, Director**  
*Office of Disability Services*

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## Captioning Request Form

**ONLY TO BE COMPLETED BY:** SRU students with captioning as an approved accommodation

Please complete the information below for the courses that you are requesting captioning for in the given semester. When complete, please email this form to [disabilityservices@sru.edu](mailto:disabilityservices@sru.edu).

**NOTE:** *If you drop a class in your schedule that you have requested captioning for before the start of the semester, please let ODS know immediately.*

### Student Information

Student Name	
Student ID Number	
Semester	

### Course Information

CRN	Course (Code & Number)	Course Title	Days	Start Time	Professor (First & Last Name)

### Signature Statement

By signing my name electronically to this document, I agree that my electronic signature is the legal equivalent to my manual/handwritten signature.			
Signature		Date	