



Dr. Natalie Burick
Assistant Dean of Students

Dean of Students
Access and Care
102 Campus Success Center
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disabilityservices@sru.edu

Captioning Request Form

ONLY TO BE COMPLETED BY: Slippery Rock University students with captioning as an approved accommodation through Disability Services.

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.

NOTE: If you drop or withdraw from a class in your schedule that you have requested captioning for, please let Disability Services know as soon as you are aware of the changes.

Student Information

Student Name	
Student ID Number	
Semester	

Course Information

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

Signature Statement

If I am signing my name electronically to this document, I agree that my electronic signature is the legal equivalent to my handwritten signature.	
Student Signature	
Date	