



Center for Disability and Health Policy

Accessible Furniture Request Form

Name: _____ Term: _____ Year: 20____

College/Year: _____ Email: _____@westernu.edu

Phone: _____ Check One: Home Work Cell

Complete the furniture request below. The accessible furniture you request ____ be an approved ^{HF}CDHP accommodation.

| (Class, Lab, Clinical Site) | | (Bldg. and Room) | |
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Student Signature: _____ Date: _____