



San Luis Obispo County Community College District

Disabled Student Programs and Services

Adaptive Furniture Request

Student Information

Date: _____

Student's Name: _____

Social Security #: _____ Student's Phone Number: _____

Furniture Requested

Date: _____ Class: _____

Location: _____

Type of adaptive furniture: _____

Office Use Only

SEC Authorization: _____

Authorized Equipment: _____

Division Chair Notified: _____

Equipment Serial #: _____

Date Requested: _____ Date Returned: _____

Notes: _____

G:\DSPS Forms \Adaptive Furniture Request final revised 1-17-02.doc (Yellow)

San Luis Obispo Campus

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North County Campus

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