

**Services for Students with Disabilities office**

- Brighton Campus (3-103)
- Downtown Campus (3-310)



**Monroe Community College**  
STATE UNIVERSITY OF NEW YORK

**Accessible Furniture Request Form**

Please note that many of the classrooms on campus are already furnished with a variety of seating options. We ask that you check your specific classroom to determine your need for access furniture prior to making your request. If accessible furniture is needed, please thoroughly complete this form and submit to the Disability Services office.

Student Name \_\_\_\_\_ MCC ID \_\_\_\_\_

Email \_\_\_\_\_ @ student.monroecc.edu Phone Number \_\_\_\_\_

Request for Semester (circle)      *Spring*      *Fall*      *Intersession*      *Summer I*      *Summer II*

Course Number \_\_\_\_\_ Instructor \_\_\_\_\_

Building\_\_ Room # \_\_\_\_\_ Day(s) \_\_\_\_\_ Time \_\_\_\_\_

**Furniture request includes:**

- Wheelchair Access Table       Stand-Alone Table
- Stand-Alone Chair →  With Arms       Without Arms

**Furniture to be placed:**

- Back of room/Closest to Door
- Front of room/Center
- Front of room/to the far right facing the instructor
- Front of room/to the far left facing the instructor

*It is **MY responsibility** as a current student to submit my request to the Disability Services office at least seven (7) working days prior to the need. It is **MY responsibility** to inform the Disability Services office immediately should there be any change in my class schedule, classroom location, cancellation of service, or any questions or concerns.*

*I have read and agree to the above responsibilities and statements:*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date Received: \_\_\_\_\_ Date Submitted to Facilities: \_\_\_\_\_ Submitted by: \_\_\_\_\_

Comments: \_\_\_\_\_