



1801 East Cotati Avenue
Rohnert Park, CA 94928-3609

DISABILITY SERVICES FOR STUDENTS
Division of Student Affairs and Enrollment Management

707.664.2677 • Fax 707.664.3330 • TTY 707.664.2958
www.sonoma.edu/sas/dss

Furniture Request Form

Name: _____

ID#: _____

SSU Email Address: _____

Phone#: _____

Furniture Request:

Building & Room #: _____ (i.e. Stevenson 2001)
Days class meets: _____ (i.e. Tuesday/Thursday)
Times class meets: _____ (i.e. 3 - 4:50 pm)

Furniture Needs: (Please check all that apply)

- Straight back Chair (armless)
- Office Chair with arms
- Table
- Podium/Table top lectern

Placement needs:

- Place furniture in back of classroom
- Place furniture in front of classroom

By signing this form I verify that I have checked the current classroom accommodations to ensure that what I am requesting is not already in the room. I also understand that if there are any changes made to my schedule it is my responsibility to notify the Disability Services for Students office. I am also aware that accommodations can only be guaranteed for the beginning of the semester if I submit this form at least three (3) weeks prior to the semester starting. Request submitted there after can take 5-10 business days to be placed.

Student's Signature: _____

Date: _____

*****OFFICE USE ONLY*****

Multiple requests? Yes No

Request #: _____

Date Received: _____

THE CALIFORNIA STATE UNIVERSITY