



Accessible Van Service Request Form

Return this form to Susan Ackerman
Coordinator of Disability Services
2342 Eastman Building, or fax to (585) 475-2215

Name: _____

Campus Address: _____

Campus/Cell Phone: _____

Email: _____

College at RIT: <input type="checkbox"/>	Applied Science & Technology (CAST)	<input type="checkbox"/>	Business (COB)
<input type="checkbox"/>	Computer & Information Sciences GCCIS)	<input type="checkbox"/>	Engineering (COE)
<input type="checkbox"/>	Imaging Arts & Sciences (CIAS)	<input type="checkbox"/>	Liberal Arts (COLA)
<input type="checkbox"/>	NTID	<input type="checkbox"/>	Science (COS)

Major: _____

Assistance Required: _____

Date to Start Service: _____

Requestor's Signature: _____ Date: _____

OFFICIAL USE ONLY

Date _____ Susan Ackerman, Coordinator of Disability Services

Copy sent to Parking & Transportation.