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Request for Services

Name:			Semester:		
Social Security #:			Date		
Telephone:			Disability:		
Email:		Sponsoring Agency: VESID or CBVH		Counselor:	
SERVICE(S) REQUESTING:			For Office Use Only		
Note Takers			Academic Assistant(s) Assigned		
Course	Room	Days & Times	Name		
Readers					
Course	Available Times		Name		
For Office Use Only					
Date Received:		Reader's Aid: Yes / No		Comments:	
Student Agreement: Yes / No		Date Received:			
Documentation Verified: Yes / No / Pending		Approved by:			
VA Approved: Yes / No		Status: D / ND FT / PT UG / G TEMP			