



Office of Disability Accommodation

University of North Texas

## Alternative Furniture Request

Please Check One:

Student

Employee

Contact Information:

Name:

Phone:

Date Requested:

Semester:

Type of furniture being requested (be as specific as possible):

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Location of class for requested furniture:

Building Name: \_\_\_\_\_ Room #: \_\_\_\_\_

Have you checked the room for your requested furniture?  Yes  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*NOTE\*\***

A minimum of seven business days is required  
to fill this order.

Request received on: \_\_\_\_\_

Accommodation verified on: \_\_\_\_\_

Request emailed on: \_\_\_\_\_

Form revision: 12/05/05