

**SECTION A: TO BE COMPLETED BY PATRON OR REPRESENTATIVE**

NAME	
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How Can we reach you – Telephone or email

Services I need to come to the Library for (Legal Databases/Book Research/Computer Access):

Is this a one-time request or do you have an ongoing project for which you will need multiple visits?

Accommodation Requested: (Please do not disclose your diagnosis; explain your disability-related limitations and how this accommodation will help you)

Do you have computer/internet access outside of the Library?

Which of the following off-site services have you utilized?

IS YOUR LIMITATION: Permanent _____ Temporary _____ Unknown _____	ANTICIPATED RECOVERY DATE (if any)
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