



EQUIPMENT MOVE REQUEST FORM

Quarter:
Year:

Last Name	Student ID#
First Name	Phone #

I request that the following equipment be placed in my classroom(s):

<input type="checkbox"/> Chair	<input type="checkbox"/> Computer Equipment
Adjustable height? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Split keyboard
With arm rests? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Large-print keyboard
With wheels? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Trackball mouse
Back support? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Thumb trackball mouse
<input type="checkbox"/> Table	<input type="checkbox"/> Foot Rest
Preferred height (inches):	
<input type="checkbox"/> Other (please specify below)	

	Class 1	Class 2	Class 3	Class 4	<i>Office Use Only: Rooms of Origin</i>
Course Title:					
Room Number:					
Table	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foot Rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer Eq.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I understand that the above equipment is property of Office of Special Services, and that I may use the equipment for its contracted purpose only.

Student Signature	Date	Lender Signature	Date
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Office use only: Facilities Req. Submitted on: _____
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Date	Initial
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