**Accessibility Services Request Form**

Please fill in the form and return it to [iacas@technion.ac.il](mailto:iacas@technion.ac.il) no later than 1st March 2022

Last Name -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender - Male / Female

Cell Phone Number - \_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle Registration Plate Number - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accessibility Services required:

☐Linguistic Simplification

☐Live Transcription

☐Translation to Sign Language

☐Assistive Listening Devices / Sound Amplifiers

☐Accessible Parking

☐Special Seating Arrangements:

☐Accessible Adjusted Seat (with arms)

☐Reserved Space for a Wheelchair

☐Personal Seating Aide

☐Reserved Space for a Service Animal / Dog

☐Other (please detail): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_