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**Center For Students with Disabilities (CSD)
REQUEST FOR CLOSED CAPTIONING**

Please Read This Section First:

- We require at least ***one week's*** notice to caption content due to the time it takes (the longer the video is, the longer it takes to caption it).
- Please ensure you have ***informed your professor*** that you are making arrangements to view this content (particularly if you need to borrow their hard copy, or for any upcoming quizzes/assignments revolving around this content material).
- You will be ***notified via email*** (that you provided) when your video is ready to be picked up/viewed.

CONTACT INFORMATION

Date of Request: _____

Student Name: _____ **Student Number:** _____

Email Address: _____

CLOSED CAPTIONING:

Title of Video: _____

Professor: _____

Course Code: _____ **Section Number:** _____

Hard Copy - DVD, VHS, CD (*please provide with this form*)

Online - LINK: *http://*_____

Additional Requests (Notes): _____

Signature: _____