

Accessibility Services Request Form

Please fill in the form and return it to the sender by Email (sondak@technion.ac.il) or to Fax No. 04-8292418, no later than 01.08.2019.

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
 - Accessible Parking for a Tall Vehicle
 - 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):
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