

PRESENTATION REQUEST FORM
Student Accessibility Services (SAS) – Boca Campus
Florida Atlantic University

Contact Information for Person Making Request

Name of person making request	Telephone #	E-mail
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Organization

Address	City	State	Zip Code
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Date of Presentation	Time	Expected Duration	# Expected to Attend
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Description of Attendees (If this is a course, please provide course number and title)

Location of Presentation (if different from address above)

Information or knowledge you wish to have when presentation is completed:

Signature of Requestor

Date

Return form to:

Michelle Shaw ,Director
Student Accessibility Services - FAU
777 Glades Road – SU 133
Boca Raton, FL 33431
Phone: (561) 297-3880 Fax: (561) 297-2184

SAS USE ONLY

SAS Director's Approval

Date

Presenter Assigned