



## ASSISTIVE TECHNOLOGY REQUEST

### INDIVIDUAL

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship with the Individual: \_\_\_\_\_

### PARENT/LEGAL GUARDIAN

Full Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: Code: \_\_\_\_\_

### REQUESTED ITEMS

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_