

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

*Please submit at least two weeks before the requested presentation date*

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Name of person making request Telephone # E-mail

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Organization/Department

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Location

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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)

Information you would like the presentation to include:

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**Return form to:**

Michelle Shaw, Director  
 mshaw@health.fau.edu  
 Student Accessibility Services - FAU  
 777 Glades Road ±SU 133  
 Boca Raton, FL 33431  
 Phone: (561) 297-3880      Fax: (561) 297-2184

**SAS USE ONLY**

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> SAS 'LUHFWRU¶V \$SSURYDO	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Presenter Assigned	