

**Arkansas State University
Office of Operational Excellence
Technology Accessibility Overview Form**

Requestor Information

Date Requested: _____ Date Needed by: _____ Point of Contact: _____

Department: _____ Phone: _____ E-mail: _____

Technology Details

Product Name and Version: _____ Vendor Name: _____

Cost: _____ Vendor Web Site: _____ Vendor Contact: _____

Describe this product and what it will be used for:

Have alternative products been selected?

YES, please list here:

<u>Product</u>	<u>Vendor</u>

NO, please explain why other products were not selected:

User Information

Who will be using this product? Enter estimated number of users for each category:

<u>Students</u>	<u>Employees</u>	<u>Non-Employees</u>

Final Review (Internal Use Only)

Upon completion of testing, product is found to be:

Accessible Partially Accessible Not Accessible Exempt - Attach Exemption Form

Accommodations will be provided as needed by the requesting department with assistance from Disability Services. Contact Disability Services for more information at 870-972-3964.

Required Signatures

Requested By: _____ Date: _____

Supervisor/Chair: _____ Date: _____

Department Head/Dean: _____ Date: _____

Technology Accessibility Administrator: _____ Date: _____

Please return completed forms to vp@astate.edu or deliver to Admin Building - Office of Finance - Attn: Eric Jones. Contact the Office of Operational Excellence at 870-972-2005 for further assistance.