



NEW YORK UNIVERSITY

OFFICE OF UNIVERSITY EVENTS
www.nyu.edu/commencement

REQUEST FOR TICKETED SEATING FOR CANDIDATES AND GUESTS WITH DISABILITIES

Please Review Carefully the "PROVISIONS FOR CANDIDATES AND GUESTS WITH DISABILITIES"

Remit Ticket Requests:

DEADLINE FOR RECEIPT OF REQUESTS - FRIDAY, APRIL 23, 2010

Ms. Chandra Osborne
NEW YORK UNIVERSITY
Office of University Events
25 West Fourth Street, Room 509
New York, NY 10012
E-mail chandra.osborne@nyu.edu

YOU MUST STILL ORDER TICKETS VIA ALBERT

PLEASE PRINT LEGIBLY

Candidate Name: _____ Univ ID #: _____

School: _____

E-mail Address: _____ Phone #: _____

Guest with Disability Name: _____

Guest's Companion Name: _____

DISABILITY: (Check Candidate and/or Guest)

CANDIDATE

GUEST

EARING (Sign Language interpretation requested.)

HEARING (ALD to be requested from Yankee Stadium on Commencement morning.)

MOBILITY (Wheelchair Space) Wheelchairs are not provided by NYU nor Yankee Stadium.

MOBILITY (Describe seating needs other than wheelchair space.) _____

VISION (Describe vision needs.)

OTHER: _____

CONGRATULATIONS, GRADUATES!