



# THE OHIO STATE UNIVERSITY ATHLETIC DEPARTMENT

## SEASON TICKET HOLDER DISABILITIES NEEDS FORM

**Directions:** Completion of this form will enable The Ohio State University to provide a reasonable accommodation to men's basketball, women's basketball or men's ice hockey season ticket holders based on both an individual's request and Ohio State's assessment of individual needs. It is imperative that you complete and return this form to The Ohio State University's Athletic Department in order to have your accommodation provided in a timely manner. You can submit this form in person, on-line, or copy the form and mail, email or fax the completed form to Ohio State).

**The deadline to submit this Disability Needs form for 2017-18 Season Tickets is August 11, 2017**

→ **Complete form on second page and return in-person or via mail, email or fax to:**

Athletic Ticket Office

Fax: 614-688-3032

[athletic.tix@osu.edu](mailto:athletic.tix@osu.edu)

Phone: 1-800-GO-BUCKS

Address:

*The Ohio State University Athletic Ticket Office*

*1020 Schottenstein Center*

*555 Borror Drive*

*Columbus, OH 43210*

OR → **Complete on-line form here:**

<http://www.ohiostatebuckeyes.com/tickets/disability-needs-form.html>

Patrons who wish to request auxiliary aids and services (assistive listening devices or alternative communication aid or service) should submit this completed Disability Needs Form. Ohio State will make a good faith effort to fulfill auxiliary aids and services requests made via this form, and Ohio State staff will consult with you to determine what aids or services are necessary to provide effective communications in particular situations.

Accessible seating is reserved exclusively for Ohio State's patrons with accessibility needs and up to **THREE** companions. In accordance with the American with Disabilities Act, The Ohio State University is not required to provide accessible seats in the event of a sellout. Disabled guests have no greater right to obtain tickets to a sold out game or event than do non-disabled guests. Completion of this Disabilities Needs Form does not entitle a patron to purchase tickets to an event or game, and is not evidence of a patron's purchase of tickets/request to purchase tickets for a game or event.

**The purchase or use of accessible seats by individuals that do not need accessible seating is strictly prohibited and can result in ejection and/or revoked ticket privileges without refund.**

By submitting this Disabilities Needs Form to The Ohio State University Athletic Department you are verifying that you intend to abide by the policies and guidelines of The Ohio State University's Athletic Department, that the information regarding your disability and all other information provided for the completion of this form is true and accurate, and that you agree that Ohio State has the right to eject you from the game, program or event and/or revoke your ticket privileges without refund if it becomes apparent that tickets are not being used by the person(s) for whom they are intended under the American with Disabilities Act and Ohio State's policies.

- Game or Event Attending (Date, Time, Location): \_\_\_\_\_
- Ticket Office Account Number of Ticket Holder/Person with Disability: \_\_\_\_\_
- Print Name of Ticket Holder/Person with Disability: \_\_\_\_\_

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Address Phone E-mail address (for confirmation)

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Name (signature, if submitted in person or via mail or fax)

Please provide me with an electronic confirmation of the submission of this form and my agreement to the terms and conditions of making a request for a disability accommodation.

Yes  No

- Description of needs (please be as detailed as possible):

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Is a disability based accommodation requested?  No  Yes [*If yes, specify below*]

Accessible (wheelchair) seating

Companion seating

Assistive listening device

Seating for the visually impaired

Alternative communication aid or service

Other [*please specify*] \_\_\_\_\_

**Note:** Captioning is provided at home football games on the main scoreboards and concourse televisions. Captioning is provided at home basketball games on the concourse televisions.

----- FOR OFFICE USE ONLY -----

Accommodation request able to be granted?

Yes

No – reason: \_\_\_\_\_

Alternatives offered:

\_\_\_\_\_ Accepted?  yes  no

\_\_\_\_\_ Accepted?  yes  no

\_\_\_\_\_ Accepted?  yes  no