

ADA Accommodations Request Form

First Name*

Last Name*

Campus Name*

Program*

Field District*

Accommodation Start Date*

Accommodation End Date*

E-mail Address*

Cell Phone Number*

Please verify that this is a valid e-mail address.

Accommodation Request*

I need an ADA accommodation due to a physical or mental impairment that substantially limits a major life activity.

Please answer the following questions:

Describe the accommodations needed.*

Describe the basis for the determination of disability.*

Describe how the disability affects a major life function.*

Describe the reasonable accommodations that are necessary and enable you to continue performing the essential functions at your position.*

Please attach supporting documentation for your request. Documentation should state diagnosis, accommodation, and length of accommodation.

Additional information (optional)

*indicates required answer