

## REQUEST FOR REASONABLE ACCOMMODATIONS AND RESPONSE

You should request accommodations as far in advance of the event/activity. To request accommodations, complete and return this form to the ADA Compliance Officer, Linda Torbet. If you need help completing this form, contact the ADA coordinator at the above telephone number. To properly evaluate your request, we may ask you for more information.

The ADA coordinator will respond to your request before the scheduled service, program, or activity. If your request is denied, you may request an appeal per the ADA Procedure, 1.77(a).

Today's date

### APPLICANT INFORMATION (to be kept confidential)

Applicant is <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Public <input type="checkbox"/> Other (specify)			
Name and address (if applicable)			
Name		Email address	
Address			
City	State	Zip	Telephone number

1. What type of service, activity, or program are you attending?
  
2. On what dates do you need accommodations?
  
3. For what disability do you need accommodations (for a sign language interpreter - specify ASL, VRI, CART, etc)?
  
4. What type of accommodations do you need?

### RESPONSE TO REQUEST

☐ The request is **GRANTED**  
☐ for the above matter, ☐ from \_\_\_\_\_ to \_\_\_\_\_ ☐ for an indefinite period,  
☐ in whole as follows: (specify the accommodations)

☐ in part. As consented to by the applicant, alternative accommodations are as follows: (specify the accommodations)

☐ The request is **DENIED** because  
☐ the applicant is not a qualified individual with a disability under the ADA.  
☐ the request creates an undue financial or administrative burden (as defined by the ADA).  
☐ the request fundamentally alters the nature of the service, program, or activity (as defined by the ADA).

**The basis for this denial is:** (Specify on separate sheet if needed. Include alternative accommodations offered but rejected by the applicant.)

The applicant was notified of the response ☐ by phone ☐ by mail ☐ by e-mail ☐ in person  
 On \_\_\_\_\_

\_\_\_\_\_ by \_\_\_\_\_  
 Date Name