

**REQUEST FORM
REQUEST FOR SPECIAL ACCOMMODATION ON THE BASIS OF
DISABILITY**

Name: _____

Address: _____

Telephone No. _____

Is someone else filing this request on your behalf? Yes No

If yes, please provide the following information for person that you have designated to present your request:

Name _____

Address _____

Telephone No. _____

Please describe the service, or program that will require a special accommodation such as, an auxiliary service or aid for you to participate:

Department providing program or service: _____

Description of program or service: _____

Please describe the auxiliary aid or service that you are requesting. _____

Signature

Date