REASONABLE ACCOMMODATION REQUEST ON THE BASIS OF DISABILITY

1. **To:** _____ **Date:** _____

        Name of Provider or Agency

2. **From:** _____

        Name

   _____

   Address   City   State   Zip

   _____

   Telephone   Email

3. **This is the accommodation I am asking for:** _____

   _____

   _____

   _____

   _____

4. **I am asking for this accommodation because:** _____

   _____

   _____

   _____

   _____

☐ If this box is checked, I am making this request orally and am asking that you write down my request for me.

☆ If this request is denied, please provide me the reason(s) for the denial, in writing, within <u>5 days</u> of receiving this request.