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 5 days of receiving this request.