

**CONFIDENTIALITY STATEMENT:**  
 A request for accommodation, including medical and other relevant information, is privileged and may only be released as appropriate to individuals with a business need to know.

**REQUEST FOR ADA ACCOMMODATION**

**SECTION 1: REQUESTOR INFORMATION**

Requestor's Name: \_\_\_\_\_ Campus Name: \_\_\_\_\_  
 Requestor is (check only one):  Employee (Banner (U) Number: \_\_\_\_\_)  Job Applicant  Visitor / Public  
 Requestor's Email Address: \_\_\_\_\_ Requestor's Phone #: \_\_\_\_\_  
 If Requestor is an employee, also provide: Job Title: \_\_\_\_\_  
 Division/Unit: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

**SECTION 2: REQUESTED ACCOMMODATION** (Attach a separate sheet if additional space is needed)

A. Please describe the nature of your disability and the functional limitations resulting therefrom.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Check the type of accommodation requested. Use the blank space provided to the right to further explain reason for the requested accommodation.

	Accommodation Type:	Reason for Accommodation Request:
1.	<input type="checkbox"/> <b>Application/Testing Process</b> Explain the specific application/testing requirement for which accommodation is requested: (→)	
2.	<input type="checkbox"/> <b>Participating in a Job Interview</b> Identify the Date/Time/Location of the job interview for which an accommodation is requested: (→)	
3.	<input type="checkbox"/> <b>Performance of Essential Functions of Your Job</b> Exp lain the job duties for which accommodation is requested: (→)	
4.	<input type="checkbox"/> <b>Benefits/Privileges of Employment</b> Explain the benefits or privileges of employment for which accommodation is requested: (→)	
5.	<input type="checkbox"/> <b>Pregnancy, Childbirth or Related Condition</b> Explain how pregnancy, childbirth or a related condition affects your ability to perform your job: (→)	
6.	<input type="checkbox"/> <b>Effective Communication</b> Identify the Date/Time/Location for which an auxiliary aid is requested: (→)	
7.	<input type="checkbox"/> <b>Access to Programs, Services or Facilities</b> Identify the specific program, service or facility for which access is needed: (→)	

C. Describe the accommodation(s) requested. (Identify specific auxiliary aid requested, if applicable)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_