

Section 1: Personal Information

- Full Name: _____
- Employee ID/Student ID: _____
- Department/School: _____
- Job Title (if applicable): _____
- Phone Number: _____
- Email Address: _____

Section 2: Description of Disability

Please describe your disability and how it limits your ability to perform essential job functions or participate in academic programs. Attach medical documentation if necessary.

- _____
- _____

Section 3: Accommodation Request

Please describe the accommodation(s) you are requesting to perform essential functions or to have equal access to academic or workplace facilities.

- _____
- _____

Section 4: Supporting Documentation

Please provide any supporting medical documentation from a qualified healthcare provider outlining the need for the accommodation(s).

- Document Attached: Yes No

Section 5: Authorization and Acknowledgement

By signing below, I acknowledge that the information provided is accurate to the best of my knowledge. I authorize the [Company Name/Institution Name] to discuss my request with the appropriate personnel, including healthcare providers if needed, to facilitate my accommodation request.

- Signature: _____
- Date: _____

Section 6: For Internal Use Only

- Date Received: _____
- Reviewed by: _____
- Decision: Approved Denied
- Notes/Comments: _____