

DISABILITY ACCOMMODATION INFORMATION REQUEST

The purpose of this form is to facilitate a request for a reasonable accommodation. The RA Specialist will assist the requestor in filling out the form. Any requests made orally have been transcribed by the RA Specialist onto this form.

DATE:

**Member's or Potential
Member's Information (name,
address, phone, etc.):**

**Requestor's Information (if not
Member or Prospective
Member) (name, address,
email, phone):**

**Accommodation Requested,
including the Barrier to
Enjoyment of Premises or
Common Areas**

Description of the Needed Accommodation:

Relationship Between the Disability and the Need for the Requested Accommodation:

ADDITIONAL INFORMATION (CASE BY CASE BASIS)

Supporting Information to Verify the Disability (if not obvious):

**Printed Name, Contact
Information, and Affiliation:**

Date:

**Reasonable Accommodation
Specialist
Determinagtion/Date**
