

(ADA-100)
STUDENT/RESIDENT REQUEST FOR ACCOMMODATION UNDER
THE AMERICANS WITH DISABILITIES ACT (ADA)

Individual Requesting Accommodation: _____

Position/Title: _____

Department/School: _____

Work Address: _____

Work Telephone Number: _____ Home Number: _____

Immediate Supervisor: _____ Phone Number: _____

ACCOMMODATION BEING REQUESTED: (use back to continue, if necessary) _____ _____ _____ _____ _____ _____
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REASON FOR ACCOMMODATION (identify condition and functional limitation(s) for which you seek an accommodation): Condition: _____ _____ _____ Functional limitation(s): _____ _____ _____

INSTRUCTIONS FOR STUDENT/RESIDENT

PLEASE ATTACH OR PROMPTLY PROVIDE DOCUMENTATION FROM AN APPROPRIATE HEALTH CARE PROVIDER DESCRIBING YOUR FUNCTIONAL LIMITATIONS AND SPECIFYING THE MEDICAL CONDITION CAUSING THE FUNCTIONAL LIMITATIONS.

Student/Resident Signature: _____ **Date:** _____

cc: ADA Coordinator