

REQUEST FOR ACCOMMODATION AT A PUBLIC EVENT

Requestor (name or dept.): _____ Date: _____

Category of disability needing accommodation:

- | | |
|---|--|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Manual Dexterity Impairment |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Mental/Emotional Illness |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Other |

Sponsoring department: _____ Phone: _____

Program or service in which reasonable accommodation is requested (include date and time, if an event): _____

Location of event: _____

Accommodation requested: _____

Approved by: _____ Date: _____
(Departmental Representative)

Denied by: _____ Date: _____
(Departmental Representative)

Cost of accommodation: \$ _____ Paid by: _____
(Department Name)

Reviewed by ADA Coordinator: _____ Date: _____

Florida International University is an Equal Opportunity/Equal Access/Affirmative Action institution.