



REQUEST FOR REASONABLE ACCOMMODATION

Name: \_\_\_\_\_
LAST FIRST MAIDEN / M.I.

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Student - Once you have completed this section, please give this document to the ADA Compliance Coordinator.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform the requirements of the course:

Four horizontal lines for writing the student's condition and its effect.

State the accommodation you are requesting:

Four horizontal lines for writing the requested accommodation.

List all possible alternative accommodations:

Four horizontal lines for listing alternative accommodations.

Applicant/Student Signature

Date

Rochester
633 Jefferson Road
Rochester, NY 14623
585.272.8060

Batavia
215 Main Street
Batavia, NY 14020
585.344.0886

Buffalo
326 Kenmore Avenue
Buffalo, NY 14223
716.833.5016

West Seneca
1050 Union Road
West Seneca, NY 14224
716.675.8205

Olean
517 North Barry Street
Olean, NY 14760
716.372.5095

Syracuse
2803 Brewerton Road
Mattydale, NY 13211
315.410.0188

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***School*** - State whether the requested accommodation(s) was approved or denied. If approved, state the accommodation(s) that will be implemented and expected dates: (Attach all documentation used in making this decision.)

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Compliance Coordinator Signature

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Date