

**Non-Employee ADA Title II Reasonable Accommodation/Modification
in Public Services, Programs, or Activities Request Form
Fond du Lac Tribal and Community College**

Fond du Lac Tribal and Community College is committed to complying with the Americans with Disabilities Act (ADA) and the Minnesota Human Rights Act (MHRA). The ADA Coordinator will review each request on an individualized case-by-case basis to determine whether an accommodation or modification can be made. **Please do not send copies of medical records. The College is not authorized to have medical records and is not qualified to interpret medical records.**

Person needing accommodation/modification

Name _____ Date of Request _____

Address _____

Email _____ Phone Number _____

Person making request (if different from person above)

Name _____ Relationship to above person _____

Email _____ Phone Number _____

Accommodation Information

Date accommodation/modification is needed: _____

Address and/or Room of accommodation/modification: _____

Type of accommodation/modification requested (please be specific): _____

How would you like to be notified of the status of your request?

Phone Email Writing Other (specify): _____

If someone else has completed this form on your behalf and you want that person to be notified of the status of your request, please initial here:

All requests for accommodation/modification will be evaluated individually and a response to your request will be provided within one week of receipt.

Check this box if you will sign this document electronically.
By checking this box, I agree my electronic signature is the legal equivalent of my signature.

Signature of Requestor

Date

OFFICE USE ONLY
RESPONSE TO REQUEST FOR ACCOMMODATION/MODIFICATION

Date request received: _____

The request for accommodation/modification is **GRANTED**. Below is a description of the accommodation/modification:

The request for accommodation/modification is **DENIED** because:

The requestor does not meet the essential eligibility requirements or qualifications for the program, service, or activity, without regard to disability.

The requested accommodation/modification would impose an undue burden on the agency; and/or

The requested accommodation/modification would fundamentally alter the nature of the service, program, or activity.

Request notified on (date): _____ via: _____

Additional notes:

ADA Coordinator Name

Signature

Date