Request for Accommodation under the American with Disabilities Act (ADA)

<table>
<thead>
<tr>
<th>Name (First &amp; Last)</th>
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<tbody>
<tr>
<td>Address (street)</td>
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<tr>
<td>City/ State/Zip</td>
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<tr>
<td>Nature of Disability</td>
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<td>How long ago was your disability diagnosed?</td>
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In order to fully document your need for accommodations, please include a brief personal statement describing your disability and its impact on your daily life and education function.

____________________________________________________________________________________
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Have you previously received accommodations in any education or testing situation?
Yes/No

If yes, please describe the accommodations received.
____________________________________________________________________________________
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Which of the following accommodations are your requesting?

- Separate Room
- Extended testing time
- Screen magnifier/zoom technology
- Reader
- Other, please specify__________________________________________________________

Documentation of disability assists AACVPR in determining reasonable accommodations under the Americans with Disabilities Act, which are determined on a case-by-case basis. If the submitted documentation is incomplete or does not support the request, the applicant will be asked to provide additional documentation, the cost of obtaining all documentation is borne by the applicant.

I certify that the information provided above is true and accurate.

Signature: ___________________________________________ Date: __________________________
