Use this form to request accommodation for department programs, services, or activities.

Print Materials
Do you know the title(s) of specific publications that you want? Yes ☐ No ☐
If yes, please specify the title(s)
______________________________________________________________

If no, what information can you provide to help us identify the requested documents or publications? For example,
Source of information __________________________________________
Location seen or reference provided ________________________________
Subject matter _________________________________________________
Other leads ____________________________________________________ (Attach additional information on separate paper if needed)

What alternate format do you prefer? (Indicate first, second, third choice if possible)
☐ Large print ☐ Reader
☐ Braille ☐ Computer disk
☐ Cassette tape(s) ☐ Other (please specify) __________________________

Other Communication Requirements
Do you need a reader? Yes ☐ No ☐
Do you need a certified sign language interpreter? Yes ☐ No ☐ If yes, specify preference Visual ☐ Tactile ☐
Do you have other communication requests?
☐ Transcripts ☐ Video tape displays
☐ Television captioning ☐ Assistive listening headset
☐ Other (please specify) _________________________________________

Other Types of Assistance
☐ Wheelchair-accessible hotel/motel or meeting room
☐ Hotel/motel or meeting room close to elevator or lobby
☐ Nonsmoking guest room
☐ Special assistance in evacuating facilities or notification in case of emergency
Please explain ________________________________________________
☐ Other (transportation from airport, tour transportation, straight back chair, etc.)
______________________________________________________________

Requestor’s name ____________________________ City _____________ State _____ Zip __________
Telephone: Home ( ) ________________________ Work ( ) ________________________
Request received by _________________________ Date ________________________
(print name)
Forwarded to ______________________________ Date ________________________
(print name)
Date needed ________________________________

White copy to OEO Yellow copy for program file