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**

Address ____________________________ 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