



Request for Disability Accommodation and Services

Name: _____

Date: _____

Contact Information: _____

1. What is your disability? Please specify the date your disability commenced and its expected duration.

2. What is the reasonable accommodation(s) that you are requesting? Be as clear and specific as possible.

3. Please explain how the requested accommodation, aid or assistance measure will help you.

4. Please explain if there are **other** accommodations, aids or assistance measures which may assist you.

5. Are there any elements that you cannot complete **without** the accommodation you are requesting? If so, please explain.

6. Are there any elements that you cannot complete **even with** the accommodation you are requesting?

T: +1 671.735.2244 F: +1 671.734.0430 TDD: +1 671.735.2243 E: eeo-ada@triton.uog.edu
W: www.uog.edu

Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913

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I, _____, request that the above accommodations be provided to me as an individual with a disability, as defined by law and qualified to meet the fundamental requirements and aspects, without undue hardship.

The information that I have provided is true, correct, and complete. I hereby authorize, _____, my treating physician and/or other related health care professional(s) to provide information regarding my condition.

Signature

Date