



West Coast Ultrasound Institute

REQUEST FOR REASONABLE ACCOMMODATION(S)

Name: _____

Telephone: _____ E-mail: _____

Address: _____

Please identify the nature of your physical and/or mental impairment(s) for which you are requesting accommodation(s):

Please identify how your physical and/or mental impairment(s) will affect your ability to satisfy the College's requirement(s): _____

Please identify the accommodation(s) you are requesting: _____

Verification of Need: You may be asked to provide medical documentation substantiating your physical and/or mental impairment(s) and/or the need for the requested accommodation(s), including but not limited to when the limitation or impairment is not readily apparent and/or a requested accommodation does not clearly relate to your impairment(s). An Authorization and Verification form is available for your convenience under the consumer information tab of the wcui.edu website or upon request from Andrew High, 291 S. La Cienega Blvd. Beverly Hills, CA 90211, (310) 289-5123 / ADAComplianceCoordinator@wcui.edu but you may submit other appropriate medical documentation. The medical documentation should be current (less than 3 years old) and be from a certified or licensed medical professional trained in the field of your disability (see the Disability Accommodation & Grievance Policy located in the school catalog for more information). Any information you provide will be kept confidential and used solely to determine that the accommodation is needed.

Providing the Accommodation: We will provide a written response within 14 days of receiving your completed Request for Reasonable Accommodation(s) form and any supporting documentation. If you do not agree with the decision, you may appeal the decision through the grievance procedure within the Disability Accommodation & Grievance Policy (see the student catalog for more information).

Requesting Individual's Signature

Date

CONFIDENTIAL