



REQUEST FOR REASONABLE ACCOMMODATIONS

Name: _____
 LAST FIRST MAIDEN/M.I.

Date: _____ Social Security #: _____

*Student - Once you have completed this section, please give this document to the
ADA Compliance Coordinator.*

Identify your condition(s) and indicate how you believe each condition affects your ability to perform the requirements of the course:

State the accommodation you are requesting:

List all possible alternative accommodations:

Applicant Signature

Date

CONFIDENTIAL - Place in Student's Disability File and Deliver to ADA Compliance Coordinator

Beverly Hills
291 S. La Cienega Blvd.
Suite 500
Beverly Hills, CA 90211

Ontario
3700 E. Inland Empire Blvd.
Suite 235
Ontario, CA 91764

Phoenix
4250 E. Camelback Rd.
Bldg. K Suite #190
Phoenix, AZ 85018

ACCOMMODATION REQUEST FORM

NOTE: The School should discuss the request with the Home Office to determine next steps and exactly what accommodation the School will provide.

ADA Compliance Coordinator- State whether the requested accommodation(s) was approved or denied. If approved, state the accommodation(s) that will be implemented and expected dates. (Attach all documentation used in making this decision)

School Representative Signature

Date

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