

Wellness Center

Request for Reasonable Accommodation

The Wellness Center is committed to making our services as accessible as possible and to remove barriers to services for all stakeholders. With this in mind, we carefully evaluate and consider the merits of all requests for accommodation, though we do not automatically meet all requests. When we cannot make accommodations, we will try to refer you to another resource that might assist you.

Person making request: _____

Date of request: _____

Request for accommodation: _____

(if additional space if needed, please use the back of this form).

Thanks for your request! We will review and get back to you on this request within 2 weeks.

FOR WELLNESS CENTER STAFF ONLY:

Date request form received: _____

Date decision made: _____

Date requester informed of decision: _____

Individuals involved in review of request: _____

Accessibility areas involved (please circle appropriate areas): architecture, environment, attitude, finance, employment, communication, transportation, other barrier: _____

Decision & reasons for decision: _____

If not meeting request, alternative accommodations or referrals made to assist person: _____

Please give this form to the Accessibility Committee following decision and notification to requester.
Thanks!