



Participant to a University Program or Service Accommodation Request Form

Section 1: For Completion by the PARTICIPANT or PREPARER. Participant's Name, Email, Preparer's Name, Phone, Address, City/State, Signature, Date.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

When completed, please sign and either return the form in person, fax to University of Arkansas, Office of Equal Opportunity and Compliance at 479.575.7637, or scan and email to access@uark.edu. 1. Is the request time sensitive? 2. Please provide the location of the program or service and any additional location information:



3. What is the Date and Time of the event or program? ____/____/____
4. What is your purpose on campus?
5. What department or person is sponsoring the event (include name, email, phone etc.)
6. Please state the accommodation being requested, provide specific details:
7. How does the accommodation assist you in participating in the purpose on campus?