



Participant to a University Program or Service Accommodation Request
Form

Section 1: For Completion by the PARTICIPANT or PREPARER	
Participant's Name:	Participant's Email:
Preparer's Name (if other than Participant):	Participant's Phone:
Do you (the Participant) have limited access to email? Official notifications regarding this report will be sent via email. If you have limited or do not have access to email you will be required to provide a mailing address. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Participant's Address:	Participant's City/State:
I (the Participant) certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.	



I (the Participant) understand that the University reserves the right to request medical documentation to verify the existence of a disability; and, to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.

Participant's Signature:

Date:

Preparer's Signature (if other than Participant):

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. To comply with this law, we ask that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member, or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



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? Yes No

If yes, please explain why the request is 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?