



## REQUEST FOR REASONABLE ACCOMMODATIONS

Name: \_\_\_\_\_  
                    LAST                                    FIRST                                    MAIDEN / M.I.

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Institute: \_\_\_\_\_

*Student - Once you have completed this section, please give this document to the School Director.*

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

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State the accommodation you are requesting:

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List all possible alternative accommodations:

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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*NOTE: The School should send this request to Colleen Komar, Corporate Disability Compliance Coordinator, [colleenk@avedaflorida.edu](mailto:colleenk@avedaflorida.edu), to determine next steps and exactly what accommodation the School will provide. See policy.*

**Director** - 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.)

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\_\_\_\_\_  
School Representative Signature

\_\_\_\_\_  
Date