



Use this form to request accommodation for department programs, services, or activities.

Print Materials

Do you know the title(s) of specific publications that you want? Yes No

If yes, please specify the title(s)

If no, what information can you provide to help us identify the requested documents or publications? For example,

Source of information _____

Location seen or reference provided _____

Subject matter _____

Other leads _____ (Attach additional information on separate paper if needed)

What alternate format do you prefer? (Indicate first, second, third choice if possible)

Large print Reader

Braille Computer disk

Cassette tape(s) Other (please specify) _____

Other Communication Requirements

Do you need a reader? Yes No

Do you need a certified sign language interpreter? Yes No If yes, specify preference Visual Tactile

Do you have other communication requests?

Transcripts Video tape displays

Television captioning Assistive listening headset

Other (please specify) _____

Other Types of Assistance

Wheelchair-accessible hotel/motel or meeting room

Hotel/motel or meeting room close to elevator or lobby

Nonsmoking guest room

Special assistance in evacuating facilities or notification in case of emergency

Please explain _____

Other (transportation from airport, tour transportation, straight back chair, etc.) _____

Requestor's name _____

Address _____ City _____ State _____ Zip _____

Telephone: Home () _____ Work () _____

Request received by _____ Date _____
(print name)

Forwarded to _____ Date _____
(print name)

Date needed _____

White copy to OEO

Yellow copy for program file

DOT 731-005X