



REASONABLE ACCOMMODATION REQUEST FORM

***This form must be submitted to the Secretary of IAD no later than one of the following:**

- 2 weeks before a schedule General board meeting
- 2 weeks before a schedule Local chapter meeting
- 2 weeks before a schedule event host by IAD and/or its local chapter
- 30 days before a schedule IAD's Biennial Conference

Date of Request: _____

Contact Information

Name: _____ Member _____ Non- Member _____

Chapter: _____

Home Address: _____

E-mail Address: _____ VP: _____

Type of disability:

Deaf _____ Vision _____ Wheelchair _____ Others _____

Accommodation requested:

1 on 1 sign language interpreter _____ Tactile interpreter _____ CDI _____

Voice interpreter _____ Wheelchair accessible _____ Other _____

Request for Reasonable Accommodation at which of the following:

IAD General board meeting _____ Local Chapter meeting _____

IAD Biennial Conference _____ IAD and/or Chapter host event _____

Other _____

When: _____ Time: _____

Where: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

Accommodation Request is: Approved _____ Denied _____ Modified _____

If *modified*, describe modification and give rationale. If *denied*, give rationale. (Attach additional pages if necessary.)

Name and Title of person _____ Reasonable Accommodation request completed on _____

Signature: _____ Date: _____

DISTRIBUTION AFTER COMPLETION:

_____ Original - Requester _____ Copy – IAD File _____ Chapter File _____ Conference File