

DHR CUSTOMER REQUEST FOR REASONABLE ACCOMMODATION/ASSISTANCE

Name of Customer Needing Assistance:
Location: Caseworker:
Telephone: (h) (m)
Email Address:
Address:
No., Apt., Street
City, State, Zip Code
My disability or limitation(s) is/are:
A.A. Deskiller Berlin on Communication the College of the College
My disability limits me from performing the following activities:
I am requesting the following accommodations/assistance:
Benefit(s) Requested:
Customer Signature: Date:
Print Name:
Fillit Indilie.
For Office Hee Only
For Office Use Only
Date Request Received:
Action Taken:
ADA Field Coordinator's Signature: Date:
Partition operation of signatures