

**ACCOMMODATION – PRELIMINARY REQUEST**

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Campus Address/Zip: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Campus Address/Zip: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

What is the condition for which you're requesting accommodation?

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Can you be contacted at your office during work hours? If yes, please indicate your work schedule and best time to call.

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Please return this form with:

1. Request for Accommodation Form
2. Release of Information Form

**This information will be used only for and during the accommodation process**