Towson University Disability Support Services

REASONABLE ACCOMMODATION REQUEST FORM

Name: _____ Dept.: _____

Social Security _____ E-mail: _____

Job Title: _____ Work Phone: _____

Immediate Supervisor: _____

Please provide a detailed description of the accommodation you are requesting:

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*Please attach all pertinent recent medical report(s). Please note the medical report(s) must include documentation supporting the need for the requested accommodation.

I am hereby requesting a reasonable accommodation due to my disability. I grant permission to the Disability Coordinator and individuals identified by the Coordinator as necessary participants in the decision-making process to review the pertinent information I have provided and discuss the matter with my health professional(s).

EMPLOYEE'S SIGNATURE_____ DATE_____

All information provided pursuant to this request will be maintained in a separate confidential file.