

LSU
Sponsoring Unit Name

Program Participant Accommodation Request:
PARTICIPANT FORM

The purpose of this form is to assist the hosting department in determining whether, or to what extent, a reasonable accommodation is required for a person with a disability to afford equal access to programs and services. This form must be completed by the individual requesting an accommodation.

Section 1: Requestor Information	
Requestor Name:	Requestor Email:
Program/Event in which I plan to participate:	Requestor Phone:
Date and Time of Program/Event:	Name of University Dept. Hosting Event:
Do you (the requestor) have limited access to email?	
Official notifications regarding this report will be sent via email. If you have limited or no access to email please provide a mailing address.	
Requestor Address:	Requestor City/State/Zip Code:
Section 2: Relevant Information	
Please state the accommodation(s) requested:	

Will this accommodation be temporary or permanent?	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent
If temporary, what is the anticipated duration?		
Is this request time sensitive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain why the request is time sensitive:		
Is equipment needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please describe in detail:		
Please provide the location of the event (if known) and any additional location information:		
Is an event location reassignment requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate the current location(s), and future preferred location(s).		
What is your purpose on campus?		

How does this accommodation assist you in participating in the purpose on campus?

Section 3: Signature

I (the Requestor) certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information, and belief.

I (the Requestor) understand that the University reserves the right to request additional supporting documentation to verify the existence of a disability; and, to appropriately assess your condition, functional limitations, and/or request for reasonable accommodation.

Requestor Signature:

Date:

*Please return form to Louisiana State University, Sponsoring Department Name,
Sponsoring Department Address, Baton Rouge LA 70803 Attn. Sponsoring Department
Contact Person, Sponsoring department email*

Department/Person Phone

Department/Person Fax