



Use this form to request accommodation for department programs, services, or activities.

**Print Materials**

Do you know the title(s) of specific publications that you want? Yes  No

If yes, please specify the title(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no, what information can you provide to help us identify the requested documents or publications? For example,

Source of information \_\_\_\_\_

Location seen or reference provided \_\_\_\_\_

Subject matter \_\_\_\_\_

Other leads \_\_\_\_\_ (Attach additional information on separate paper if needed)

What alternate format do you prefer? (Indicate first, second, third choice if possible)

Large print                       Reader

Braille                               Computer disk

Cassette tape(s)                 Other (please specify) \_\_\_\_\_

**Other Communication Requirements**

Do you need a reader? Yes  No

Do you need a certified sign language interpreter? Yes  No  If yes, specify preference Visual  Tactile

Do you have other communication requests?

Transcripts                       Video tape displays

Television captioning           Assistive listening headset

Other (please specify) \_\_\_\_\_

**Other Types of Assistance**

Wheelchair-accessible hotel/motel or meeting room

Hotel/motel or meeting room close to elevator or lobby

Nonsmoking guest room

Special assistance in evacuating facilities or notification in case of emergency

Please explain \_\_\_\_\_

Other (transportation from airport, tour transportation, straight back chair, etc.) \_\_\_\_\_

Requestor's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Request received by \_\_\_\_\_ Date \_\_\_\_\_  
(print name)

Forwarded to \_\_\_\_\_ Date \_\_\_\_\_  
(print name)

Date needed \_\_\_\_\_

White copy to OEO

Yellow copy for program file

DOT 731-005X