
§ 504 / Americans with Disabilities Act

Date: _____

Name:		Campus:	
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I would like to request the following accommodation(s) as being necessary for a reason related to a medical condition.

1. _____

2. _____

3. _____

4. _____

5. _____

Additional Notes:

Please submit this request to your direct supervisor AND the district's ADA and Section 504 coordinator (Laurie Rodriguez, Executive Director of Special Programs). Please note this form is kept separate from employee records.