

REQUEST FOR ACCOMMODATION



Applicant Name:

Date of Request:

Email Address:

Phone Number:

Describe the nature, extent, and duration of your disability:

Describe the accommodations you believe are needed to enable you to take this exam:

Provide the name, phone number, and email address of your healthcare provider. The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.

Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

I authorize the release of information regarding my disability to Maple Tree Cancer Alliance management as deemed necessary to facilitate this request for accommodation.

Signature: _____ **Date:** _____