



INDIANA UNIVERSITY  
NORTHWEST

**Request for Accommodations under the ADA  
(Americans with Disabilities Act)  
Employees and Students**

**Instructions:** *This form must be completed whenever an individual request an accommodation that would enable him/her to apply for employment, perform the essential duties of a position, or participate in a University programs or activity. (Please attach additional pages if necessary.)*

**PART A:**

To be completed by the individual requesting accommodation, or by the administrator receiving request)

Name: \_\_\_\_\_ University/Other ID: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Check One:

<input type="checkbox"/> <b>Faculty/Academic</b>	<input type="checkbox"/> <b>Staff</b>	<input type="checkbox"/> <b>Student</b>
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**REQUEST FOR REASONABLE ACCOMMODATION:** I need an accommodation for the reasons stated below (List essential function(s) that cannot be fully performed, and/or job related functional limitations):

I am requesting the following accommodation (list possible devices, equipment or alternative methods/procedures):

<b>Requestor's Signature</b> _____	<b>Date</b> _____
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If job applicant or current employee:

Classification Ranks/Title \_\_\_\_\_

Department/Division \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone: \_\_\_\_\_

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**ADA (Americans with Disabilities Act) Accommodation Request Form**  
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**PART B: ASSESSMENT AND RESOURCES/CONSULTANTS USED** (Summarize actions taken to confirm essential functions, secure relevant medical information, identify equipment/devices need, and develop alternatives):

**PART C: DISCUSSION/REVIEW OF ALTERNATIVES** A meeting was held on \_\_\_\_\_ between the supervisor and the requestor to discuss potential solutions. Proposed accommodation(s) discussed were:

Meeting attended by \_\_\_\_\_

**PART D: FINAL DECISION** (When/how accommodation(s) modification(s) will take place. Or, if denied, explain fully):

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>	<input type="checkbox"/> <b>Modified</b>	<b>Estimate cost of Accommodation</b>	\$ _____ _____
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Request signature: I agree with accommodation(s) provided: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

**Distribution of copies:**

1. Administrative Office (Academic Affairs, Human Resources or Student Support Services)	2. Employee/Requestor	3. Supervisor/Unit Administrator
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