**Participant Request for Special Accommodation Services**
**(Please complete this form after you have officially registered for the class and fax it to: (202) 479-6843)**

**(1) Date of Request** _____

**(2) Participant Name** _____
**Last** **First**

**(3) Telephone #s:**
_____**Day** _____**Evening**

**(4) E-Mail Address**_____

**(5) Sponsoring Agency** _____

**(6) ADA Coordinator** _____**Telephone #** _____

**E-Mail Address** _____
**(May be supervisor's information or person completing the form)**

**(7) Class Title** _____
**Class Course Code**_____

**(8) Class Location**_____

**(9) Class Start Date**_____**Class End Date**_____

**(10) Special Accommodation Requested (Check all that apply.)**
_____**Note Take (captioner)** _____**Oral Interpreter**
____**C-Print** _____**Braille** ____**Large Print** _____**Other - Explain**
_____**Sign Language Interpreter-Type** _____
_____**ASL** _____**Tactile** _____
_____**PSE** _____**Low Vision** _____
_____**ENG** _____

**(11) Participant's Signature or Designee**_____

**FOR OFFICE USE**
**(1) Class Registration ID** _____
**(2) Class Day(s) of Week** _____
**(3) Date Provided Requested** _____