Laurel Business Institute/Laurel Technical Institute

AUTHORIZATION AND VERIFICATION FORM FOR REASONABLE ACCOMMODATION REQUEST(S)

Name:			
LAST	FIRST	MAIDEN / M.I.	
Telephone:	E-mail:		
Address:			
documentation relating to accommodation(s). I agree or licensed professional wil	my physical and/or ment that only original docun Il be accepted. I understa	Il Institute to complete the below al impairment(s) and request for nentation completed/provided by nd it is my responsibility to have all professional and to submit it to:	a certified the below
Amy Braymer Director of Education Laurel Technical Institu 200 Sterling Avenue Sharon, PA 16146 braymera@laurel.edu			
Requesting Individual's Sigi	 nature	Date	
Verification Form (to be co	impleted by certified or	licensed medical professional)	
	evaluate the requested a	dation(s) for his/her physical or n ccommodations, we ask that you	
(a) What is the nature of hi	s/her physical and/or me	ental impairment(s)?	
(b) How will his/her physica activity(ies)?	•	nent(s) substantially limit his/her	major life

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(c) What, if any, accommodations do access and/or full opportunity to pa explain how that accommodation w	rticipate in our services? For eac	h recommendation, please
Name:	Title:	
Agency/Hospital:	Phone:	
Address:	City:	Zip:
Signature		Date
Additional Information:		