Laurel Business Institute/Laurel Technical Institute

REQUEST FOR REASONABLE ACCOMMODATION(S)

Name:				
LAST	FIR	ST	MAIDEN / M.I.	
Telephone:	E-mail:			
Address:				
Please identify the nat accommodation(s):	ure of your physical a	and/or menta	I impairment(s) for which you are requesting	
Please identify how yo school's requirement(s	• •	ental impairn	nent(s) will affect your ability to satisfy the	
Please identify the acc	ommodation(s) you a	are requesting	g:	
and/or mental impairn limited to when the lin accommodation does n available for your conv Braymer, Vice Presiden bramera@laurel.edu. ` documentation should	nent(s) and/or the ne nitation or impairme not clearly relate to y renience at https://w nt of Education by ma You may submit othe I be current (less that the field of your disa	eed for the re nt is not readi your impairme www.laurel.ed ail at 200 Ster er appropriate n 3 years old) ability. Any in	cal documentation substantiating your physical quested accommodation(s), including but not illy apparent and/or a requested ent(s). An Authorization and Verification form u/accommodations; or upon request from Amiling Avenue, Sharon, PA 16146, or by email at a medical documentation. The medical and be from a certified or licensed medical formation you provide will be kept confidential needed.	is Iy
completed Request for	r Reasonable Accomr decision, you may ap	modation(s) for peal the decis	n response within 14 days of receiving your orm and any supporting documentation. If you sion to Douglas S. Decker, Executive VP of cker@laurel.edu .	I
Requesting Individual's	s Signature		 Date	