



REASONABLE ACCOMMODATION REQUEST FORM CONFIDENTIAL

This form is to be used by individuals who are enrolling in a course at the Illinois Fire Service Institute (IFSI) and who wish to request accommodations for examinations/skill evaluations.

Applicants are asked to complete the following sections of the Reasonable Accommodation Request Form to assist IFSI in determining whether, or to what extent, a reasonable accommodation is appropriate for a qualified enrollee. **This form will be filed separately from a student's training record and is a confidential document.**

Please submit completed forms and supporting documentation to:

Illinois Fire Service Institute
Attn: Katrina Mann, ADA Coordinator
11 Gerty Drive
Champaign, IL 61820
(217) 333-9505
fsi-ada@illinois.edu

SECTION 1: Student contact information *(to be completed by student requesting an accommodation)*

Today's Date: _____

Name: _____

Phone Number: _____

Address: _____

City, State, Zip: _____

Home Department/Agency: _____

Course Information *(for which this request corresponds)*: _____

Name of Class: _____

Date of Class: _____

Location of Class: _____

SECTION 2:

Please indicate the specific accommodation(s) you are requesting:

Please Note: Submitting a request does not guarantee granting of the request.

Please describe your disability and how you believe your disability condition(s) impacts your ability to complete an examination and/or skills evaluation.



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SECTION 2 continued:

Medical Verification (Please check one of the following boxes)

- I have enclosed the applicable medical documents from a certified clinician/physician appropriate for the disability.
- The disability and the need for a reasonable accommodation is obvious and no medical documentation needed. Please provide explanation:

- I have already provided medical documentation relating to my impairment(s) to IFSI/ADA Coordinator.

I, _____, give the Illinois Fire Service Institute (IFSI) permission to explore reasonable accommodations under the ADA Amendments Act (ADAAA), and all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with the ADAAA, including its confidentiality requirements.

Signature of Requestor: _____ Date: _____

This section is OPTIONAL.

SECTION 3: Authorization for the release of confidential information

I, _____, hereby authorize the person(s) listed below to exchange information with the Illinois Fire Service Institute's ADA Coordinator on my behalf. I understand this information will only be used to collect information to evaluate my request for accommodation(s). I acknowledge that I can rescind this authorization at any time by contacting the ADA Coordinator in writing.

Please provide Name, Title and Address of person(s) authorized to communicate with IFSI on your behalf:

Name: _____ Title: _____

Address: _____

Signature of Requestor: _____ Date: _____

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