



## 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: Accommodations Coordinator  
11 Gerty Drive  
Champaign, IL 61820  
(217) 333-1978  
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.

**Continued** →



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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 the IFSI Accommodations 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 Accommodations 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 Accommodations 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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