ADDITIONAL ACCOMMODATIONS REQUEST FORM

If you require additional accommodations for yourself and/or a guest at a Medaille College event, please explain the additional accommodations you are requesting in the space below and return to Genevieve Kruly, Disability Services Coordinator, Medaille College, 18 Agassiz Circle, Buffalo, NY 14214, Genevieve.M.Kruly@medaille.edu | (716) 880-3088. You may also return this form to the coordinator of your event.

In order to accommodate your request, this form must be submitted before the date of your event.

Additional Accommodations Requested:

Explanation of Request (please specify what kind of accommodations you require):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Additional Technology Requested (please specify any special technology, if any, you require):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please print clearly:

Event Name:________________________________________________________

Date and Time of Event:__________ from ___ : ___ AM___ PM___ to ___ : ___ AM___ PM___

Event Coordinator Contact:_____________________________________________

Requestor’s Name:____________________________________________________

Requestor’s Phone:_____________________    Requestor’s email: ___________________________

*You will be contacted if the college cannot meet your request.