UNIVERSITY of MARYLAND EASTERN SHORE

Visitor Accommodation Request Form

This form is an initial step in processing your request for an accommodation under the Americans with Disabilities Act (ADA). In order to determine whether you are eligible for an accommodation under the ADA, the ADA Coordinator might ask for documentation of your disability.

The ADA requires that the ADA Coordinator keep medical information confidential. However, the law allows the ADA Coordinator to share information regarding your disability with individuals who are considered to have a legitimate need to know this information.

VISITOR INFORMATION

Date Requested:

Name:

Email Address: Phone:

Event name: Event Location:

UMES Department Hosting the Event:

ACCOMMODATION REQUEST DETAILS

Please describe in detail how your disability affects your visit to campus:

Requested accommodation:

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Note: Medical documentation from a treating medical provider may be requested as part of the interactive process.

Visitor Name (printed)	Signature	Date