

Disability Request for Accommodations

Inmate's Name/Nombre: _____	PFN/# de PFN: _____
Module/Modulo: _____	Date/Fecha: _____

Section A: Inmate Request for Accommodation (Describe Disability)
Solicitud del Preso para acomodar una invalidez (Describe la Invalidez)

Section B: Reason for Accommodation Requested
Razon Para Acomodar la Invalidez

Section C: Reason for Accommodation not being granted
Razon por Negar la Solicitud

Inmate's Signature/Firma del Preso: _____

Officer's Signature: _____
Name & ID#

Sergeant's Signature: _____
Name & ID#

Medical Staff's Signature: _____

Distribution: White -- Medical Staff Yellow -- Classification Pink -- ADA Coordinator