

Request for Accommodation for Public Events

If your office, program, or department holds events that are open to the public, you might receive request for accommodation from persons with disabilities. Please inform your staff of the following protocol for handling requests for disability accommodations.

- STEP 1. Solicit information to complete the form on the back of this sheet. Inform the caller that someone will get back to them regarding the accommodation request.
- STEP 2. Send or fax this completed form to the Disability Services Office (fax # 974-7691).
- STEP 3. The Director of the Disability Services will determine the appropriate resources for providing the accommodation. Please note that it is the responsibility of the office, program, or department sponsoring the event to provide and pay for the accommodation; if the office, program, or department is funded through external funding sources; the Disability Services Office serves as a consultant for identifying accommodation resources in these cases. Otherwise, accommodations for all other University office, programs, or departments will be provided through the Disability Services Office.
- STEP 4. The Disability Services Office will return the form with the recommended action and list of resources to the office that received the request.
- STEP 5. Make arrangements for accommodations and notify the person who requested accommodations.

When publicizing the event, include a statement about disability accommodations, e.g., for disability accommodation, please contact [name] at [ph.], [TTY no.] by [date 10 working days prior to event].

For simple accommodation requests that do not require consultation with the Disability Services Office (e.g., accessible parking permit, elevator access, front-row seating), please contact the appropriate offices directly to arrange the accommodation.

REQUEST FOR ACCOMMODATION FORM

<p>Step 1: OBTAIN INFORMATION (to be completed by office receiving request)</p> <p>Event _____</p> <p>Date & Time of Event _____</p> <p style="padding-left: 40px;">Length of Event (approx. hours or number of days) _____</p> <p>Person requesting accommodation _____</p> <p>Phone # _____ Fax # _____ Email _____</p> <p>Mailing Address _____</p> <p>Accommodation requested _____</p> <p>Request Received on: _____ by _____</p> <p style="padding-left: 80px;">(Date) (Person/office)</p>
<p>Step 2: SEND/FAX INFORMATION TO DISABILITY SERVICES OFFICE, Fax (808) 974-7691, Phone: (808)933-0816, TTY: (808) 933-3334</p>
<p>Step 3: DETERMINE APPROPRIATE ACTION/RESOURCES (To be completed by Disability Services Office)</p> <p>Recommended accommodation or denial of accommodation and reason:</p> <p>_____</p> <p>Recommended resources/referral:</p> <p>_____</p>
<p>Step 4: RETURN RECOMMENDATIONS TO:</p> <p>_____</p> <p style="text-align: center;">(Name/office)</p> <p>Fax: _____ Date: _____</p>
<p>Step 5: MAKE ARRANGEMENTS AND NOTIFY REQUESTOR (To be completed by office which received request for accommodation)</p> <p>Arrangement made:</p> <p>_____</p> <p>Notified requestor by phone/mail/other _____</p> <p>Date: _____ Notified by: _____</p>