



AVEDA INSTITUTE

REQUEST FOR REASONABLE ACCOMMODATIONS

Name: _____
 LAST FIRST MAIDEN / M.I.

Date: _____ Social Security #: _____

Institute: _____

Student - Once you have completed this section, please give this document to the School Director.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform the requirements of the course:

State the accommodation you are requesting:

List all possible alternative accommodations:

Applicant Signature _____

Date _____

NOTE: The School should send this request to Steven Lazzara, Corporate Disability Compliance Coordinator, steven.lazzara@avedaflorida.edu, to determine next steps and exactly what accommodation the School will provide. See policy.

Director - State whether the requested accommodation(s) was approved or denied.

If approved, state the accommodation(s) that will be implemented and expected dates: (Attach all documentation used in making this decision.)

School Representative Signature _____

Date _____