

Request for Reasonable Accommodation(s)



Name	
Address	
City, State & Zip	
Email Address	Phone Number

Please identify the nature of your physical and/or mental impairment(s) for which you are requesting accommodation(s).

Please identify how your physical and/or mental impairment(s) will affect your ability to satisfy Hot Springs Beauty College's requirements(s):

Please identify the accommodations(s) you are requesting:

Verification of Need: You may be asked to provide medical documentation substantiating your physical and/or mental impairment(s) and/or the need for the requested accommodation(s), including but not limited to when the limitation or impairment is not readily apparent and/or a requested accommodation does not clearly relate to your impairment(s). The medical documentation must be current (less than 3 years old) and be from a certified or licensed medical professional trained in the field of your disability. Any information you provide will be kept confidential and used solely to determine that the accommodation is needed.

Providing the Accommodation: We will provide a written response with 14 days of receiving your completed Request for Reasonable Accommodation(s) form any any supporting documentation. If you do not agree with the decision, you may appeal the decision through the grievance procedure.

Submitting this Form: Once you have fully completed this form, submit it to the School Director. Forms may be submitted via email at Andrea@HotSpringsBeautyCollege.com or mailed to Andrea Causey, 100 Cones Road, Hot Springs, AR 71901.

Requesting Individual's Signature

Date