TO: Medgar Evers College Community
FROM: Office of Human Resources
SUBJECT: Special Assistance/Accommodations

In an effort to serve all members of our College community, those in need of special assistance relative to a disability should indicate on the opposite side of this form. If no special accommodations are needed, please indicate none and sign and date the form.

This form should be returned to Office of Human Resources, 1650 Bedford Avenue, Brooklyn, NY 11225, so that reasonable/appropriate accommodations can be requested.

IDENTIFICATION*
of Individuals who may need special assistance

NAME: ____________________________
TITLE: _____________________________
LOCATION: __________________________

SELF IDENTIFICATION [ ] SUPERVISORY IDENTIFICATION [ ]

Accommodations/services requested: (Be specific)

Signature __________________________ Date ________________________

*Submission of this form will be kept confidential except where accommodations are made.