ADA PUBLIC ACCOMMODATION REQUEST FORM

In order for the University to address your request, the request must be received a minimum of 5 days prior to the event.

Please notify Shari Wilson, ADA Coordinator in the Office of Compliance and Ethics at 813-974-0068 within 48 hours if you are unable to attend the event and wish to cancel the requested accommodation.

1. Applicant Name:________________________________________________________
   Phone:_________________  E-mail:_______________________________________

2. Event Name:___________________________________________Date:__________ Time:__________
   Location:______________________________________________________________
   Sponsor of Event:_____ non-USF  _____ USF Dept
   Name of Sponsor_________________________________________________________Phone: _______________
   ☐ I do not have this information, it is a public event.

3. Requested Accommodation(s):
   ☐ ASL Interpreter  ☐ Braille  ☐ Event Program Info
   ☐ Assistive Learning System  ☐ Wheelchair Accessible  ☐ Visual Aids
   ☐ CART  ☐ OTHER Describe: ________________________________

Accommodation Request Details and/or Comments

(Note: Personal assistants are not provided by the University. If you will have someone with you that needs to be seated/located with you, please check this box ☐)

_______________________________  __________________________
Signature                       Date

❖ Deliver to: 4202 E. Fowler Avenue, ALN 172, Tampa, FL 33612
Or FAX to: 813-974-4375,
Or E-mail to: sdwilson@usf.edu

OCE/ADA/ ADA ACCOMMODATION REQUEST FORM