



Appendix B: Request for Athletics Accommodation

Name: _____ Pronouns: _____

Student ID: _____ Email: _____

Request for reasonable accommodation in reference to:

- Facilities Competition Uniform Travel/Lodging
 Other: _____

Specify Date(s): _____

Describe the reasonable accommodations requested (see policy for examples):

I understand that information included on this form will be shared with Sports Medicine and the Head Coach to facilitate this request for accommodation.

Athlete signature: _____ Date submitted: _____

Submitted to: _____ Date received: _____

OFFICE ONLY

- Reasonable accommodations approved (list with detail to facilitate accommodation):

Copies sent to: Compliance Officers Game Day Manager