



**Alcorn**  
State University

Department of Human Resources Management  
Request for Reasonable Accommodation

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**SECTION I.**

1. Name: \_\_\_\_\_ A#: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Home Telephone: \_\_\_\_\_ 4. Work Telephone: \_\_\_\_\_
5. Department: \_\_\_\_\_
6. Job title for which reasonable accommodation is requested: \_\_\_\_\_
7. Date of the request for reasonable accommodation: \_\_\_\_\_
8. Is your request permanent, temporary or unknown? \_\_\_\_\_ If temporary, anticipated date accommodation(s) no longer needed: \_\_\_\_\_

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**SECTION II.**

**ACCOMMODATION REQUESTED**

*(Be as specific as possible, e.g., adaptive equipment, reader, interpreter, etc., or attach a description.)*

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**SECTION III.**

**REASON FOR REQUEST**

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**SECTION IV.** You may be required to provide verification by a health professional or a disability service provider. Please send this confidential document to: **Human Resources Management, 1000 ASU Drive #390, Lorman, MS 39096-7500.**

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**Print Name**

**Signature**

**Date**