

Laurel Business Institute/Laurel Technical Institute

(c) What, if any, accommodations do you recommend be provided to help ensure his/her equal access and/or full opportunity to participate in our services? For each recommendation, please explain how that accommodation will ameliorate a substantial limitation.

Name: _____ Title: _____

Agency/Hospital: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Signature Date

Additional Information:
