



## OFFICE OF THE MINNESOTA ATTORNEY GENERAL

### Americans with Disabilities Act (“ADA”) Title II (non-employee) Reasonable Accommodation/Modification in Public Services, Programs or Activities Request Form

The Attorney General’s Office (Office) is committed to complying with the Americans with Disabilities Act (“ADA”) and the Minnesota Human Rights Act (“MHRA”). The ADA Coordinator/Designee will review each request on an individualized, case-by-case basis to determine whether an accommodation or modification can be made. **Please do NOT send copies of medical records. The Office is not authorized to have medical records and is not qualified to interpret medical records.**

#### General Information

Date of Request: \_\_\_\_\_

#### Person needing accommodation/modification

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Person making request (if different from person needing accommodation/modification)

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to person needing accommodation/modification: \_\_\_\_\_

#### Accommodation Information

Date accommodation/modification is needed: \_\_\_\_\_

Address and/or room of accommodation/modification: \_\_\_\_\_

Type of accommodation/modification requested (please be specific):

How would you like to be notified of the status of your request?

Phone  Email  Writing  Other (specify): \_\_\_\_\_

If someone else has completed this form on your behalf and you want that person to be notified of the status of your request, please initial here: \_\_\_\_\_

All requests for accommodation/modification will be evaluated individually and a response to your request will be provided within one week of receipt.

Check this box to sign this request form electronically:  
By checking this box, I agree my electronic signature is the legal equivalent of my signature.

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**  
**RESPONSE TO REQUEST FOR ACCOMMODATION/MODIFICATION**

Date request received: \_\_\_\_\_

The request for accommodation/modification is **GRANTED**. Below is a description of the accommodation/modification:

The request for accommodation/modification is **DENIED** because:

- The requester does not meet the essential eligibility requirements or qualifications for the program, service, or activity, without regard to disability.
- The requested accommodation/modification would impose an undue burden on the office; and/or
- The requested accommodation/modification would fundamentally alter the nature of the service, program, or activity.

Requester notified on: (date) \_\_\_\_\_ via: \_\_\_\_\_

Additional notes:

ADA Coordinator:

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_