



**ADULT AND COMMUNITY EDUCATION (ACE)**  
**Request for Accommodations**  
**Under the Americans with Disabilities Act (ADA)**



**PLEASE PRINT:**

Name of Person Needing Accommodation: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Accommodation Requested (please be specific):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Accommodation is Needed: \_\_\_\_\_

Location Where Accommodation is Needed (i.e. classroom, in car): \_\_\_\_\_

Name of Person Filling Out This Form: \_\_\_\_\_

Your Relation to the Person Needing Accommodation: \_\_\_\_\_

**Please send this form via U.S. Mail to:**  
 ACE Career and Outreach Specialist  
 7510 Lisle Avenue  
 Falls Church, VA 22043

E-mail: [educationalcounseling@fcps.edu](mailto:educationalcounseling@fcps.edu)

\_\_\_\_\_  
 Please Sign to Verify the Foregoing is Accurate

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please Print Your Name

<p><b>Office Use Only</b></p> <p>Accommodation: Granted _____ Denied _____</p> <p>Notification Date: _____</p> <p>Comments: _____</p>
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