

Request for ADA Accommodations



ADA accommodations should be requested at least 72 hours prior to registration. All medical information is completely confidential.

Medical verification for ADA accommodations is only required the first time you submit an ADA accommodations request. The medical verification can be sent by email. Emailed medical verification should be sent to ADArequests@riskeducation.org

Questions and/or concerns can be emailed to ADArequests@riskeducation.org

Please fill out the form below completely so that the requested ADA accommodations can be evaluated for you to attend one of The Alliance's classroom based programs or enroll in one of our online programs.

Applicant

Name _____ Middle Initial _____ Last Name _____

Street Address _____ City /State /Zip _____

Work Phone _____ Home Phone _____

Email address you wish to be used for communications: _____

Have you previously taken any National Alliance programs? _____

If yes, please provide the name and date of the last program you attended: (MM/DD/YYYY) _____

Name and the date of the program you wish to attend:

Name of Program _____ Date (MM/DD/YYYY) _____

Have you already registered for the program you wish to attend? _____

If you have not yet registered, when do you plan to register? (MM/DD/YYYY) _____

Please supply a brief description of the needed accommodation(s):