Alaska Department of Corrections
ADA ACCOMMODATION REQUEST
Department/Institution Review and Action

Institution ADA Coordinator
1. Programs/services list attached: ________________________________
2. Programs/services discussed with prisoner: Date ____________
3. Requested modification(s) discussed with prisoner: Date ____________
4. Recommendation: __________________________________________

Institution ADA Coordinator (Please print) _______________________
Signature _____________________________________________________

Approving Authority (as designated by agency policy)
Recommendation: _____________________________________________

Superintendent (Please print) _______________________
Signature _____________________________________________________
Work telephone _______________________
Date ____________

Department ADA Coordinator
Recommendation: _____________________________________________

Department ADA Coordinator (Please print) _______________________
Signature _____________________________________________________
Work Telephone _______________________
Date ____________

Commissioner (If requested accommodation denied)
Determination: _____________________________________________

Signature _____________________________________________________
Date ____________

cc: Institution ADA Coordinator
Department ADA Coordinator

808.16F Revised 04/04/02