



State of Alaska

# Alaska Department of Corrections Prisoner ADA Request Resolution Agreement

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4. The time-line to implement the resolution agreement:

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If additional space is needed, please attach additional pages to this form.

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DOC Institutional ADA Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
DOC Prisoner ADA Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complainant / Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commissioner

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Date

State regulatory reference: 6 AAC 65.060 (b) and (c).

CC: State ADA Coordinator  
Commissioner  
DOC Prisoner ADA Coordinator  
DOC Institutional ADA Coordinator  
Superintendent  
Prisoner  
Prisoner's File