



State of Alaska

**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)

Work Telephone

Signature

Date

Approving Authority (as designated by agency policy)

Recommendation: _____

Superintendent (Please print)

Work telephone

Signature

Date

Department ADA Coordinator

Recommendation: _____

Department ADA Coordinator (Please print)

Work Telephone

Signature

Date

Commissioner (If requested accommodation denied)

Determination: _____

Signature

Date

cc: Institution ADA Coordinator
Department ADA Coordinator