



A.D.A Request for Accommodations

American with Disabilities Act Request Form

Date: _____

Person Requesting Accommodations:

First Name _____

Last Name _____

Address: _____

City _____ State _____ Zip _____

Telephone (____) _____

Location _____

School/Department

Identify the requested accommodations (additional information may be attached):

Time frame requested: _____

Request must be forwarded within 72 hours of the requested accommodation to:

**The School District of Lee County
Department of Professional Standards and Equity
Attn: Michelle Freeman, Director
2855 Colonial Blvd. Fort Myers, FL 33966
Phone: (239) 337-8330
Fax: (239) 335-1507**