

JBER EFMP Event Special Accommodations Request Form

Event Information

Event Title: _____

Event Date: _____

Event Location: _____

Personal Information

Active Duty Member Name: _____

Accommodations Requested for (Name): _____

Date of birth (of person requiring accomm.): _____

Accommodation Request Details and/or Comments:

Accessible reserved seating: Visual Impairment Hearing Impairment

Materials in alternate format: Visual Impairment

Print Name: _____ Date: _____

Signature: _____

Relationship to person requiring accommodation(s): _____

Accommodation(s) Determination

Accommodations can / can NOT be fulfilled:

Family Support Coordinator Signature and date: _____

Supervisor Signature and date: _____