



MARYLAND FIRE AND RESCUE INSTITUTE
DISABILITY ACCOMMODATION REQUEST FORM

If you are requesting accommodation(s) due to a disability, please complete and submit this form (including documentation of your disability) to your supervisor, Regional/Program Office, after you have registered for the class and two weeks prior to the start of the course. Note your disability and the type of accommodation being requested. The requester (employee or student) must provide medical documentation confirming the disability, functional limitations and a list of possible accommodation(s). The medical documentation should be on company (physician) letterhead and no more than three years old from an appropriate health care professional (e.g., certified clinician/physician.) The requester should review with the appropriate professional the essential functions and responsibilities of his or her position and provide them a copy of their job duties. In the case of a class or training program, the requester should review with the appropriate professional the class/training programs essential student performance objectives for the class/program in which the student has enrolled. The Maryland Fire and Rescue Institute, in concert with the requester and his or her appropriate health professional, will review each request on an individual basis.

THIS FORM MUST BE RETURNED TO THE REGIONAL/PROGRAM OFFICE SPONSORING THE CLASS TWO WEEKS PRIOR TO THE CLASS START. Failure to do so will result in a delay in processing the request.

I am requesting the following accommodation(s) due to my disability: (please type or print)

- Check box if health care provider's documentation is included.
Check box if you have previously requested accommodation(s) from MFRI within the last three years.

REQUESTER INFORMATION:

Name Student ID#
Address
Day Phone Evening Phone
Health Care Provider Name
Address
Phone Email
Requester's Signature Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms

Student Signature

Acknowledgement that this document was completed by

Guardian Signature

I acknowledge that I am the legal guardian for:

OFFICIAL USE ONLY: Class Number

WMRTC NCRO NERTC UESRTC SMRTC LESRTC OPS SPS LOGS PLS

Completed forms with the appropriate backup documentation will be sent electronically only from the MFRI Office to equity@mfri.org.