

Georgia 4-H Reasonable Accommodation(s) Request



UNIVERSITY OF GEORGIA
EXTENSION



If you are an individual with a disability who may require assistance or accommodation in order to participate in or receive the benefit of a service, program or activity of UGA, or if you desire more information, please contact us.

Name of individual participant needing accommodation:

Name of event:

Date/Time of event:

Location of event:

Person requesting accommodation:

Type of accommodations or services requested to assist with participation (additional information may be attached if necessary):

Signature: _____

Date:

Print Name:

Contact Information

Home Phone:

Cell Phone:

Email:

COUNTY/STATE OFFICE USE ONLY

Date Received:

Received by:

Date Response Provided: