

CHOICE POLICY ACCOMMODATION REQUEST FORM

Student's Name: _____

Student ID: _____

Program: _____

Academic Coach: _____

Please provide the following information. Use additional pages or provide documentation as needed.

I am unable to comply with LAFS' Choice Policy of submitting a proof of Covid-19 vaccination or regular testing for the following reasons:

- 1) Diagnosed disability(ies) as defined by the ADA
- 2) Undiagnosed physical or mental impairment(s) or limitation(s)
- 3) Religious beliefs
- 4) I need additional time to comply with the requirements

1) For selections 1 through 3, explain how this impairs or limits your ability to comply with the Choice Policy:

2) Expected duration of the accommodation request:

3) What specific accommodation(s) are you requesting, if known?

4) If you selected reason 1, has a health care professional recommended a specific accommodation? Please describe or attach documentation:

5) Have you had any accommodations in the past for this same limitation? If yes, what were they?

6) Please provide any additional information that might be useful in processing your accommodation request. We will set up a time to meet to discuss your request.

Student Signature _____ Date _____

Please return this form to the Student Advising Department at yndao@lafilm.edu.