

If No, please explain why: _____

Verification

I verify that the information I am submitting in support for my request for an accommodation is complete and accurate to the best of my knowledge and I understand that any misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if is not reasonable, it if poses a direct threat to the health and/or safety of others and/or to me, or if it creates an undue hardship on the College.

Print Name: _____

Date: _____

Signature: _____

Please submit the completed form to Human Resources via email: humanresources@vassar.edu, fax: 845-437-7761 or via mail: Vassar College, Box 712.