REASONABLE ACCOMMODATION REQUEST FORM

The Tennessee Department of Transportation (TDOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by TDOT, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Shanna Chevalier, ADA / Section 504 Coordinator at 615-741-0465, or the Tennessee Relay Service at 7-1-1.

| Name: | Date of Filing: | | |
|--|------------------------|-----------------------------|---------------------------------------|
| City, State, Zip Code: Image: City, State, Zip Code: Work Phone: Image: City, State, Zip Code: Home Phone: Image: City, State, Zip Code: Home Phone: Image: City, State, Zip Code: Email Address: Image: City, State, Zip Code: Type(s) of Disability(ies): * Please note, this information is not required and is voluntary. Speech Image: Hearing Mobility Image: Mental / Emotional Mobility Image: Mental / Emotional Image: Mental / Emotional Image: Other: Image: | Name: | | Department of |
| Work Phone: | Address: | | |
| Work Phone: | City, State, Zip Code: | | |
| Email Address: | Work Phone: | | |
| Type(s) of Disability(ies): * Please note, this information is not required and is voluntary. Speech Hearing Mobility Mental / Emotional Mobility Mental / Emotional Other: | Home Phone: | | |
| * Please note, this information is not required and is voluntary. Speech | Email Address: | | |
| Mobility Mental / Emotional Other: | | | bluntary. |
| What specific accommodation are you requesting? If known, please identify the source and cost for providing the accommodation(s). 2. If you are not sure of the accommodation needed, do you have any suggestions about what options we can explore? | Speech | Hearing | ☐ Visual |
| and cost for providing the accommodation(s). 2. If you are not sure of the accommodation needed, do you have any suggestions about what options we can explore? | Mobility | Mental / Emotional | Other: |
| | and cost for prov | viding the accommodation(s) | ed, do you have any suggestions about |
| | | | |
| | | | |