adler | GRADUATE SCHOOL

10225 Yellow Circle Drive
Minnetonka, MN 55343
(612) 767-7057 office
(612) 861-7559 fax
jeff.cole@alfredadler.edu

Temporary Accommodation Request

To request a temporary accommodation under Title III of the Americans with Disabilities Act of 1990, its amendments, and Section 504 of the Rehabilitation Act of 1973, please complete and submit this form.

A temporary disability is a short-term (typically less than 6 months) impairment that is severe enough to substantially limit major life activities (e.g., reading, concentration, walking).

Accommodations cannot be applied retroactively.

Student Name (preferred) _____ Last _____ First _____ MI

Legal Name (if different than preferred) _____ Last _____ First _____ MI

Pronouns ☐ he/him/his ☐ they/them/theirs
☐ she/her/hers ☐ other _____

Student email _____ @mail.alfredadler.edu DOB _____ mm/dd/yyyy

---

☐ I understand my ADA file and other college records may be accessed to provide me with support services. I understand it is my responsibility to notify the Accessibility and Career Services Coordinator of any change in my disability status or requested accommodations.

_____ Signature

_____ Date mm/dd/yyyy

10225 Yellow Circle Drive
Minnetonka, MN 55343
(612) 767-7057 office
(612) 861-7559 fax
jeff.cole@alfredadler.edu

Please have your healthcare provider complete the section below or attach a detailed note on official letterhead.

- Temporary accommodations will remain in effect for the remainder of the current term. If accommodations are still necessary to ensure equal access at the end of the term, the student must request accommodations through the standard ADA Accommodations process. Accommodations Request Form
- Adler Graduate School utilizes an interactive process to identify disability-related barriers and determine reasonable accommodations. The Accessibility & Career Services Coordinator evaluates essential course and program requirements and selects accommodations that support equal access.
- Adler Graduate School stores disability documentation securely in accordance with the Family Educational Rights and Privacy Act (FERPA). Documentation may be reviewed by the student upon written request.
- If documentation is unclear, you may be requested to provide additional documentation.

Describe the injury/medical condition, degree of impairment, and impact on specific academic tasks (e.g., reading, writing, concentrating):

Expected date of recovery: _____
mm/dd/yyyy

10225 Yellow Circle Drive
Minnetonka, MN 55343
(612) 767-7057 office
(612) 861-7559 fax
jeff.cole@alfredadler.edu

Please provide signature or official stamp below:

_____

Licensed Professional Printed Name

_____

Title, Licenses, Credentials Licensed

_____ _____

Professional Signature Date

Official Stamp: _____

Hospital/Clinic/Practice Group Name, Address and Telephone