

Computer Accommodations Request (PL 99-506 Sec. 508)

U.S. Department of Housing and Urban Development
Office of Chief Information Officer
Assistive Technology Program

Complete this form to request assistive technology software and/or hardware devices for computer access if you have one or more of the following disabilities: visual, mobility, hearing and/or cognitive/learning. A physician's statement and/or medical certificate is required. Two levels of notification are required (your current supervisor and Assistive Technology Program Coordinator/Customer Service Division Director). Attach a copy of the data file to a mail message and send it to AT Request mail box.

Date of Request

Submit a signed hard copy to: U.S. Department of Housing and Urban Development, Office of Information Technology, Computer Services Division, AYI, Washington, DC 20410-3000.

Name of employee requesting accommodations	Job Title	Series and Grade (example: GS-301-6)		
HUD Office Address	Correspondence Code	Telephone		
Name of Accommodation	Warranty (if any)	Accommodation Type	Cost (if known)	
Total Cost				

Describe the need for the accommodation equipment. Attach supporting documents such as a medical certificate.

Name of Supervisor	Assistive Technology Program Coordinator/Computer Services Division Director <input type="checkbox"/>		
Signature	Date	Signature	Date

Official Use Only

Disability Code from SF-256			
Approval by Management Information Systems Official	Name		
	Signature	Date	