

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 Information Technology Director/Office Technology Coordinator). Attach a copy of the data file to a mail message and send it to COMPUTER ACCOMMODATIONS 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, QTAM, 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	Information Technology Director/Office Technology Coordinator		
Signature	Date	Signature	Date

Official Use Only

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