



FORM ADA-1:
Confirmation of Request for Reasonable Accommodation

Name:

Date of Original Request:

Type:

Answer the questions in this box only if you are an applicant—

Vacancy No. (if applicable):

Address:

Telephone:

Email:

1. Reason for request:

2. Accommodation requested (be as specific as possible—e.g., interpreter, adaptive equipment, reader, etc.):

3. If accommodation is time-sensitive, please explain:

4. Medical Documentation Attached: (Yes or No)

Note: You do not have to attach medical documentation to this request to invoke your rights to reasonable accommodation. USTDA may only request medical documentation supporting a request for reasonable accommodation if your disability and/or need for accommodation is not obvious.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II, including USTDA, from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, please do not provide any genetic information when disclosing medical information to USTDA. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Requester's Signature

Date