Confidential Request for Accommodation of Disabilities

It is the policy of AELE to accommodate individuals with disabilities, whenever possible.

It is the applicant’s responsibility to notify AELE of needed alternative arrangements. AELE (and the seminar hotel) are not required to provide accommodations that we are unaware of.

If you have a disability for which you wish to request accommodation, please provide the following information and return this form to us. You may send additional pages if necessary.

- Accommodation may not be available at the seminar location unless this form is received at least seven days before the seminar begins.

The information requested below and any documentation regarding your disability will be considered strictly confidential and will only be shared with persons who will administer the seminar. Please sign your name at the bottom of this form to indicate your permission for AELE to share information about your disability with the seminar staff and faculty.

Name:

__________________________________________
(First) (Last)

Agency or organization:

_____________________________________________________________

Daytime phone # ________________________________

E-mail address: ________________________________

It will be necessary for a staff member to speak or correspond with you regarding specific arrangements; it is important that you provide an e-mail address and daytime telephone number.

1. Describe your type of disability (e.g., physical, mental, learning) and how this disability limits a major life activity that makes achievement difficult, requires special education or services, or affects activities or interactions:

______________________________________________________________

______________________________________________________________
2. Explain the nature and extent of your disability (e.g., hearing impaired, diabetic, dyslexic, etc.) and how it will affect your ability to attend the seminar:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

3. Based on the disability you have described above, specify the accommodation(s) you are requesting. Your request should be specific.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Signature: ___________________________ Date: ___________________________

Your signature is necessary to allow us to share pertinent information related to your disability. All documentation will be considered strictly confidential.

AELE will consider all requests on a case-by-case basis. You will receive written confirmation of your approved accommodations. Any inquiries related to accommodations may be directed to the AELE Executive Director.

AELE Law Enforcement Legal Center
P.O. Box 75401- Chicago, IL 60675-5401
Tel. (800) 763-2802 - E-mail: AELE@aol.com

FAX THIS FORM TO AELE
Fax (800) 763-3221