

Morrison Center Accommodation Request Form

PLEASE FILL IN, PRINT OUT & MAIL TO:

**Accessibility
Morrison Center
1910 University Dr.
Boise, ID 83725-1050**

OR FAX: 208-426-3021

<p style="text-align: center;">_____</p> <p style="text-align: center;">PERFORMANCE</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">DATE</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">TIME</p>	<p>REQUEST MADE BY:</p> <p><input type="checkbox"/> PATRON</p> <p><input type="checkbox"/> CONTACT</p>
<p style="text-align: center;">_____</p> <p style="text-align: center;">PATRON NAME OR APPOINTED CONTACT</p>			
<p style="text-align: center;">_____</p> <p style="text-align: center;">ADDRESS</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">CITY</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">STATE, ZIP</p>	
<p style="text-align: center;">_____</p> <p style="text-align: center;">PHONE DAY</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">PHONE EVENING</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">E-MAIL ADDRESS</p>	

Accommodation Requested:

- ___ assistive listening: ear buds; T-coil induction loop (for hearing aid with T-switch)
- ___ sign language interpretation
- ___ wheelchair/PMV: transfer to seat; or wheelchair access
- ___ facility's wheelchair (transport to seat only)
- ___ seat location to accommodate walker/canes/crutches/other
- ___ folding chair (for disability or oversize needs)
- ___ leg room (require more room due to injury or medical condition)
- ___ service animal
- ___ other (explain) _____

Special Instructions: _____

<p>MORRISON CENTER USE ONLY</p> <p>Received: <input type="checkbox"/> by FAX <input type="checkbox"/> by mail <input type="checkbox"/> in person</p> <p>Handled by: _____ Date : _____</p>	<p>Sign Language Interpreter:</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY, ST., ZIP _____</p> <p>PHONE _____</p> <p>FEE _____</p>
<p>ARRANGEMENTS/ACTIONS</p> <p>_____</p>	<p>CONFIRMATION OF SERVICE AND PAYMENT</p> <p>_____</p>
<p>EVALUATION/FOLLOW-UP</p> <p>_____</p>	<p>_____</p>