



BILL AND HILLARY

CLINTON NATIONAL AIRPORT

LITTLE ROCK

REQUEST FOR SERVICES UNDER AMERICANS WITH DISABILITIES ACT/SEC. 504

NAME	REQUEST DATE
JOB TITLE	PHONE NUMBER / EMAIL

REASON FOR REQUEST *(Please Print)*

Explain why you are requesting services under ADA/504. Include your understanding of your diagnosis/ prognosis, what you feel you need to meet the requirements of your job, how that accommodation will assist you, and any documentation you have supporting your claim. The information you provide will be treated confidentially and be handled on a need-to-know basis.

Is this condition temporary? ___ Yes ___ No	If yes, please indicate date ending:
Is this condition permanent? ___ Yes ___ No	Please refer to Documentation Required Forms

Consent Acknowledgement for Release of Information:

I, _____, hereby give my written consent for the ADA/504 Coordinator to release information considered pertinent (psychological and/or medical) to the Department of Human Resources and Administration, and to necessary Clinton National Airport personnel for the sole purpose of determining eligibility and implementation of any accommodation requested or deemed necessary.

Signature _____ Date _____

Please return this form and any attachments to the to the Director – Human Resources & Administration, Clinton National Airport or email them to HR@clintonairport.com