



**Purpose:** Our community members and public visitors may use this form to indicate the need for an accommodation or barrier removal at one of our College sites

## Contact Information

**Name of Person needing accommodation:** Click here to enter text.

**Date of request:** Click here to enter text.

**Address:** Click here to enter text.

**Telephone Number:** Click here to enter text.

**Email Address:** Click here to enter text.

**Is the person needing an accommodation a:** Employee  Visitor or Guest

If the person requesting an accommodation is not the individual completing this form, please provide information.

**Name:** Click here to enter text.

**Relation to community member:** Click here to enter text.

**Telephone Number:** Click here to enter text.

**Email Address or Other Contact Information:** Click here to enter text.

## Request

**Check One:** Accommodation  Click here to enter text. Barrier Removal

**Accommodation needed or location of barrier:** Click here to enter text.

**Brief statement of why the accommodation or the barrier removal is needed:** Click here to enter text.

**Facility Location:** District Office  CGCC  EMCC  GWCC  GCC  MCC  PVCC  PC  RSC  
 SCC  SMCC

**Date accommodation is needed:** Click here to enter text.

**Signature:** Click here to enter text.

**Date:** Click here to enter text.

Please submit the completed form to:

**TJ Ferrer, MBA-HRM, SCP**

Director, Human Resources

Email: [tj.ferrer@estrellamountain.edu](mailto:tj.ferrer@estrellamountain.edu)

Or

**Leda Johnson**

Vice President, Administrative Services

Email: [Leda.Johnson@estrellamountain.edu](mailto:Leda.Johnson@estrellamountain.edu)

Please keep a copy of the completed form for your records and future reference.