

## Face Covering Accommodation Request Form

### Important information about this request

- The Face Covering Documentation Form must be completed by a qualified professional and submitted with this request
- Reasonable accommodations will be determined through an interactive process which includes request, documentation, assessment of need, and conversation with college representatives
- Diagnosis of a medical condition does not guarantee a request or accommodation will be approved
- Recommendations from qualified professionals will be considered, however the college will make the final determination of what is reasonable for each individual situation
- If a reasonable accommodation is not available, students may not meet the standard to be on campus
- As per Executive order 20-81 businesses are obligated to mitigate or eliminate exposure to people who cannot wear or refuse to wear a face covering
- All information related to this request is confidential

### Section I

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Tech or Star ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

**Campus** (check all that apply)

Anoka Technical College

ARCC Cambridge

ARCC Coon Rapids

If requesting face covering accommodations at both Anoka-Ramsey Community College and Anoka Technical College please acknowledge the following statements:

I give my consent to the representatives of Anoka-Ramsey Community College and Anoka Technical College to consult regarding my request for face covering accommodations, share this request form, and any medical documentation related to this request.

I understand that I may need to engage in the interactive process with both campuses individually if my specific request and circumstances requires.

**Section II**

In detail, please describe your request for alternate face covering options.

What condition(s) impacts your ability to wear a common face covering?

In specific detail, please describe the how above-mentioned condition(s) is a barrier to wearing a face covering.

Are you able to wear a face covering for any period of time?

Is there any additional information you would like to include regarding your condition or this request?

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_