



**REQUEST FOR REASONABLE ACCOMMODATION/MODIFICATION AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

Name of Person for Whom Accommodation/Modification is Sought

Date of Request

Address

Telephone Number

- 1. The person seeking an accommodation is disabled**
- 2. I need the following accommodation or modification because of my disability:**

- 3. I need the accommodation or modification for the following reasons (please explain how the unit you are in or moving into will provide the accommodation):**



Authorization for Release of Information

I have asked the Housing Authority of Thurston County (HATC) to accommodate my disability. The following people or agencies I list below have information that would help verify my disability and explain why I need the accommodation/modification. I give them permission to share this information with HATC. This permission is good for ninety (90) days from the date I sign this. I can also withdraw this permission at any time.

Name of person or agency to verify need for accommodation	Phone Number
Address of person or agency to verify need for accommodation	Fax Number

Requester/Representative:

Signature

Print Name

Date

If requester or a representative does not sign this form, HATC staff will state the reason below. He or she will also fill out the form as a written record of the request, using available information. If possible, staff should read it back to requester to make sure it is accurate.

Reason why requester or representative did no sign (check all that apply):

- Requester or representative refused to sign.
- They submitted request by separate writing (attached).
- They could not make arrangements to sign.
- Other reason: _____

HATC Staff signature

Date

Print Name