



**REQUEST FOR ACCOMMODATIONS  
DUE TO COVID-19 RELATED ISSUES  
FALL SEMESTER, 2020**

**Use this form to request an accommodation permitting remote/online study for the Fall Semester, 2020, due to the COVID-19 pandemic.**

**You are only required to complete pages 1-2 and the page relevant to the category you select on page 2.**

**You are not required to attach any medical records or other documentation to this request, but you may be asked to provide such documentation in order to fully process your request.**

**Email the completed form to [COVIDabsence@asl.edu](mailto:COVIDabsence@asl.edu)**

Student name: \_\_\_\_\_

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

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

Alternate Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

1. Are you seeking permission to attend take all classes via remote/online methodology? \_\_\_\_\_

If not, please describe the specific accommodation sought due to the COVID-19 pandemic. \_\_\_\_\_

\_\_\_\_\_

2. Into which category does the nature of your request fall?
- a. \_\_\_ You personally have a health condition that puts you at higher risk for serious complications of COVID-19 (i.e., age over 65, heart disease, lung disease, etc.)
  - b. \_\_\_ You reside in the same household with someone who has a health condition that puts him/her at higher risk for serious complications of COVID-19
  - c. \_\_\_ You have regular in-person contact with someone who has a health condition that puts him/her at higher risk for serious complications of COVID-19
  - d. \_\_\_ You are at higher risk for potential exposure due to activities of someone residing in the same household with you (i.e., roommate is a nurse in a COVID ICU unit, etc.)
  - e. \_\_\_ You have a health-related reason that you cannot safely wear a mask or face covering
  - f. \_\_\_ Other reason (explain details on page 8)

3. If you chose category A, (You personally have a health condition that puts you at higher risk for serious complications of COVID-19 (i.e., age over 65, heart disease, lung disease, etc.)), please answer the following questions:

a. What health condition(s) do you have that put you into a high-risk category?

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b. If age-related, state your age and you need not answer further questions. \_\_\_\_\_

c. When were you diagnosed with that health condition(s)?

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d. What health care professional do you see for management of that health condition? Name, address, telephone number, email (if available). \_\_\_\_\_

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**By signing this form, you certify that the information provided herein is complete, accurate, and current and you acknowledge that providing incomplete, inaccurate, or out-of-date information violates the Code of Student Conduct. Further, by signing this form, you give the above-listed health care professional(s) permission to disclose your personal health information to ASL in support of this petition for COVID-19 related accommodation.**

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**Signature**

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**Date**

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4. If you chose Category B (You reside in the same household with someone who has a health condition that puts him/her at higher risk for serious complications of COVID-19), please answer the following questions.
- a. Please state the name of the person with whom you reside and your relationship to him/her. \_\_\_\_\_
  - b. What health condition(s) does this person have that put him/her into a high-risk category? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. What health care professional does that person see for management of that health condition? Name, address, telephone number, email (if available). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NOTE: It may be necessary to obtain medical records or other information for that person. If so, you will be responsible for obtaining that person's permission and those records/information.

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\_\_\_\_\_  
**Signature**

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

5. If you chose Category C (You have regular in-person contact with someone who has a health condition that puts him/her at higher risk for serious complications of COVID-19), please answer the following questions.

a. Please state the name of the person with whom you have regular in-person contact, your relationship to him/her, and the nature of your regular in-person contact. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Are there other options available that would allow you to avoid regular in-person contact with that person? \_\_\_\_\_

c. What health condition(s) does this person have that put him/her into a high-risk category? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. What health care professional does that person see for management of that health condition? Name, address, telephone number, email (if available). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NOTE: It may be necessary to obtain medical records or other information for that person. If so, you will be responsible for obtaining that person's permission and those records/information.

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\_\_\_\_\_  
**Signature**

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

6. If you chose Category D (You are at higher risk for potential exposure due to activities of someone residing in the same household with you (i.e., roommate is a nurse in a COVID ICU unit, etc.), please answer the following questions.

- a. What is the name of the person residing in the same household with you and your relationship to him/her? \_\_\_\_\_
- b. What are the activities of that person that put you at higher risk for potential exposure to COVID-19? \_\_\_\_\_  
\_\_\_\_\_
- c. Is it possible for that person to eliminate, modify, or reduce those activities? \_\_\_\_\_

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\_\_\_\_\_  
**Signature**

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



7. If you chose Category E (You have a health-related reason that you cannot safely wear a mask or face covering), please answer the following questions.

a. What is your health-related reason for being unable to safely wear a mask or face covering? \_\_\_\_\_  
\_\_\_\_\_

b. What health care professional do you see for management of that health condition? Name, address, telephone number, email (if available). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
**Signature**

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

