



OKLAHOMA DEPARTMENT OF TRANSPORTATION
200 N.E. 21st Street Oklahoma City, Oklahoma 73105-3204
Office: (405) 521-4140 Fax: (405) 522-4895

Section 504 of the Rehabilitation Act Request Form

Name: _____ Job Title: _____

Division: _____ Department/Division: _____

Phone Number: _____ Email: _____

Type(s) of Disability (ies):

- Speech Hearing Visual
 Mobility Mental / Emotional Other _____

Nature and/or cause of disability: _____

Please identify the position, examination, program, activity, service or facility for which the accommodation is needed: _____

Identify the accommodation(s) needed: _____

Explain how the accommodation(s) will assist you: _____

Identify the source and cost (if known) for providing the accommodation(s): _____

Requestor's Signature: _____ **Date:** _____

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, age, national origin, disability/handicap, or income status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors.