APPLICANT CONFIRMATION OF REQUEST for RA (To be completed by the LORAC, Decision-Maker or HR Staffing Specialist and forwarded to the NRAC)	
Today's Date	Date of Request
Vacancy Announcement No.	Closing Date of Announcement
Applicant∖⊿s Name	Applicant⊐s Telephone No.
Accommodation Requested: (Be as specific as possible, e.g. adaptive equipment, reader, sign language interpreter, etc.)	
Date Accommodation Provided:	
Reason for Request:	
ApplicantDateI do not want my medical information tobe disclosed to any EPA official other thanthe identified Decision-Maker and NRAC	Agency Official Receiving Request Date
NOTE: Return Form to LORAC	NRAC Office Use ONLY Log No.