The National Alliance for Insurance & Research Request for ADA Accomodations



ADA accommodations should be requested at least 72 hours prior to registration. All medicalinformation is completely confidential.

Medical verification for ADA accommodations is only required the first time you submit an ADA accommodations request. The medical verification can be sent by email or fax. Emailed medical verification should be sent to ADA requests@scic.com. Faxed medical verification should be sent to (512) 349-6194 and marked "Attention ADA Request". Questions and/or concerns can be emailed to ADA requests@scic.com.

<u>Please fill out the form below</u> completely so that the requested ADA accommodations can be evaluated for you to attend one of The National Alliance's classroom based programs or enroll in one of our online programs.

Applicant

Name	Middle Initial	Last Name
Street Address	Cil	ty /State /Zip
Work Phone Hon	ne Phone	
Email address you wish to be used for communicati	ons:	
Have you previously taken any National Alliance prog	rams?	
If yes, please provide the name and date of the last program you attended: (MM/DD/YYYY)		
Name and the date of the program you wish to attend	l:	
Name of Program		Date (MM/DD/YYYY)
Have you already registered for the program you wish to attend?		
If you have not yet registered, when do you plan to register? (MM/DD/YYYY)		
Please supply a brief description of the needed accor		