BINGHAMTON
UNIVERSITY

Application to Request Reasonable Accommodation of a Disability

Section E

Notification of Agency Denial of Reasonable Accommodation

(To be completed by the DRA and returned to the requestor)

Requestor Name: _____

Based on the information you provided, Binghamton University is unable to provide you with a reasonable accommodation of your disability, as you requested on _____.

We are denying your request for the following reason(s):

_____

_____

_____

_____

_____

_____

_____

_____

Agency DRA's Signature: _____ Date: _____

If you have any questions, please call *Ada Robinson-Perez, ADA coordinator at 607-777-4775 or Human Resources*.

The employee should retain a copy of this form. The original will be filed by the Office of Equity and Access.