



State of Alaska

Alaska Department of Corrections

Prisoner ADA Request Review And Action Form

DOC Institutional ADA Coordinator:

- 1. Programs / services list attached: _____
- 2. Programs / services discussed with prisoner on (date): _____
- 3. Requested accommodation(s) discussed with prisoner on (date): _____
- 4. Recommendation: _____

DOC Institutional ADA Coordinator Printed Name

Work Telephone

Signature

Date

Approving Authority: (As designated by Department policy.)

Recommendation: _____

Superintendent Printed Name

Work Telephone

Signature

Date

DOC Prisoner ADA Coordinator:

Recommendation: _____

DOC Prisoner ADA Coordinator Printed Name

Work Telephone

Signature

Date

Commissioner: (If requested accommodation is denied.)

Determination: _____

Signature

Date