

Face Covering Accommodation Request Form

Important information about this request

- The Face Covering Documentation Form must be completed by a qualified professional and submitted with this request
- Reasonable accommodations will be determined through an interactive process which includes request, documentation, assessment of need, and conversation with college representatives
- Diagnosis of a medical condition does not guarantee a request or accommodation will be approved
- Recommendations from qualified professionals will be considered, however the college will make the final determination of what is reasonable for each individual situation
- If a reasonable accommodation is not available, students may not meet the standard to be on campus
- As per Executive order 20-81 businesses are obligated to mitigate or eliminate exposure to people who cannot wear or refuse to wear a face covering
- All information related to this request is confidential

Section I

Last Name: _____ First Name: _____

Tech or Star ID: _____

Email Address: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number (Home): _____

Phone Number (Cell): _____

Campus (check all that apply)

Anoka Technical College

ARCC Cambridge

ARCC Coon Rapids

If requesting face covering accommodations at both Anoka-Ramsey Community College and Anoka Technical College please acknowledge the following statements:

I give my consent to the representatives of Anoka-Ramsey Community College and Anoka Technical College to consult regarding my request for face covering accommodations, share this request form, and any medical documentation related to this request.

I understand that I may need to engage in the interactive process with both campuses individually if my specific request and circumstances requires.

Section II

In detail, please describe your request for alternate face covering options.

What condition(s) impacts your ability to wear a common face covering?

In specific detail, please describe the how above-mentioned condition(s) is a barrier to wearing a face covering.

Are you able to wear a face covering for any period of time?

Is there any additional information you would like to include regarding your condition or this request?

Student Signature: _____

Date: _____