

Linux Dojo Pty. Ltd.

Special Accommodations Request (SAR) Form

[Updated December, 2016]

All information supplied below and any additional documentation regarding your need for special accommodation in LinuxDojo training will be held confidential by LinuxDojo, and will not be disclosed to any other party, without your written permission, unless required by law.

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

Dear Participant: Please have an appropriate diagnosing professional (such as doctor, psychologist, psychiatrist, rehabilitation therapist or physical therapist, etc.) review this form and complete the "Statement of Accessibility Needs" Section below to certify that your condition requires the requested special accommodations.

Please read this form to review the requirements for LinuxDojo training and certification, and the special accommodations that may be requested. Participant is requesting accommodations for the following LinuxDojo training courses/exams:

COURSE/EXAM NUMBER: _____

COURSE/EXAM NUMBER: _____

COURSE/EXAM NUMBER: _____

Participant has the following conditions:

Participant is requesting the following accommodations:

Signature: _____

Date: _____

Please give this form to your diagnosing professional to read and complete, and email it as a PDF to admin@linuxdojo.com. If additional information or statement from you or your diagnosing professional, LinuxDojo will contact you, using the contact information you provided above.

Important: all special accommodation requests require advanced notice to LinuxDojo. To process your request we must receive this completed form at least 2 (two) weeks prior to start of the class or exam session in which you wish to request an accommodation. Please note that this is not a guarantee that LinuxDojo will provide the requested accommodation.

STATEMENT OF ACCESSIBILITY NEEDS

[To be completed by a medical professional or licensed physical therapy or licensed rehabilitation professional familiar with Participant's condition and needs]

I am familiar with _____ ("Participant") in my capacity as _____ (Diagnosing Professional's Position), and I am familiar with his/her condition which may give rise to a request for a special accommodation.

Statement of Medical/Rehabilitation Professional:

I believe that this Participant should be provided the above indicated accommodations, and I certify that I have documentation supporting the Participant's need for the above requested accommodation(s). My view is that the the requested accommodation is justified for the following reasons:

Professional's Name: _____

Professional Title: _____

Signature: _____ Date: _____

Phone Number: _____

Email: _____

License Number: _____

License Issuing State/Province/Territory: _____

License Expiration Date: _____

Further information that may be helpful in order to determine what accommodations are necessary, may be available by contacting the LinuxDojo <http://linuxdojo.com/contact>

Please email this entire form to admin@linuxdojo.com