

**Marion Military Institute**  
**Accommodation Request Form**

**Cadet's Name** \_\_\_\_\_

Last

First

Middle Initial

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State/Country** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone number** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Disability Diagnosis** \_\_\_\_\_

**Accommodation(s) Requested**

**Approved**

- |    |       |       |
|----|-------|-------|
| 1) | _____ | _____ |
| 2) | _____ | _____ |
| 3) | _____ | _____ |
| 4) | _____ | _____ |

**Approved accommodations will be initialed by the Dean of Academics.**

**Signature of the Dean** \_\_\_\_\_

**Signature of the Cadet** \_\_\_\_\_

Requests will be considered only when all documents are received and this form is complete.

Return completed form and documentation to: Office of the Academic Dean  
Marion Military Institute

1101 Washington Street

Marion, Alabama 36756

