Irene Gold Associates

Policy Regarding the Americans with Disabilities Act

It is Irene Gold Associates’ policy to comply with the Americans with Disabilities Act of 1990 ("ADA"), including the provision of appropriate auxiliary aids and services to students with disabilities to ensure effective communication.

If you have a disability and would like to request an accommodation pursuant to the ADA, please complete this form* and submit it to Irene Gold Associates, Inc., PO Box 155, Collingswood, NJ 08108. All requests must be made in writing and received at least six (6) weeks prior to the start of class. Within twenty (20) business days of receipt of your request, Irene Gold Associates will notify you in writing of the type of accommodation, if any, to be provided to you. If Irene Gold Associates declines to provide you with an accommodation, or agrees to provide you with a different type of accommodation than that which you requested, Irene Gold Associates will provide you with a written explanation, at that time of notification.

*Printable form follows on page 2 of this document
Irene Gold Associates, Inc.
Request for Accommodation – Form ADA-1990

It is Irene Gold Associates’ policy to comply with the Americans with Disabilities Act of 1990 ("ADA"), including the provision of appropriate auxiliary aids and services to students with disabilities to ensure effective communication.

If you have a disability and would like to request an accommodation pursuant to the ADA, please complete this form and submit it to Irene Gold Associates, Inc., PO Box 155, Collingswood, NJ 08108. All requests must be made in writing and received at least six (6) weeks prior to the start of class. Within twenty (20) business days of receipt of your request, Irene Gold Associates will notify you in writing of the type of accommodation, if any, to be provided to you. If Irene Gold Associates declines to provide you with an accommodation, or agrees to provide you with a different type of accommodation than that which you requested, Irene Gold Associates will provide you with a written explanation, at that time of notification.

Please print:
Your Name: __________________________________________________

Date Course Begins: ____________________
(Month/Day/Year)

Course Location: __________________________
(City/State)

Type/Nature of Disability: __________________________________________

Accommodation(s) Requested:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Best Way to Contact You: Phone ____________________

E-Mail____________________

Signature: __________________________________________________ Date: __________