



History Department Commencement Accessibility Form

Please fill out and return this form to the Department of History at history@colorado.edu.

1. Contact information

Student Name: _____

Email: _____

Phone: _____

a. Student's family member name and contact information (if family member requires accommodation).

Name: _____

Email: _____

Phone: _____

2. If family member requires accommodation, amount of family members expected to attend:

a. Department Ceremony # of attendees: _____

b. Reception # of attendees: _____

3. Accommodation request, including (but not limited to):

Mobility needs: access to ceremony and reception; access to a drop-off spot and ADA parking location; access to ADA accessible restroom locations; access to ADA seating.

Please state accommodation requested:

Communication needs: American Sign Language (ASL) interpreter; captioning on mobile phones; assisted listening devices; large-print program.

Please state accommodation requested: