



APPLICATION FOR AUXILIARY AID SERVICES FOR PINEVILLE BEAUTY SCHOOL

DATE: _____

STUDENT (PROSPECTIVE):

Dear: _____
(Student)

SSN: XXX-XX _____

As a student at Pineville Beauty School, you have requested accommodations because of a disability. Please provide recent medical documentation that shows your disability and need for Auxiliary Aid Services.

1. For accommodation purposes, an individual with a disability under Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990 (ADA), is **a person who has physical or mental impairment that substantially limits one or more major life activities.** Major life activities include, but are not limited to walking, seeing, hearing, speaking, breathing, learning, working, and caring for one's self and/or other similar activities.
2. The presence of a disorder or condition by itself does not necessarily qualify an individual for accommodation under Section 504 or the ADA. It is **substantial limitation(s) on one or more major life activities due to the disorder or condition** that will be the determining factor(s) in eligibility for specific accommodations.

Please provide your recent medical documentation to Pineville Beauty School by one of the following methods:

Mail to: 1008 Main Street, Pineville La, 71360
Email to: staff@pinevillebeauty.com
Fax to: 318-448-6090
Or Hand Delivery

If you have any questions or concerns, please contact the School Administrator at 318-445-1040.

Sincerely,

Michelle Hays,
Owner