## **Sensory Sensitivity Accommodation Request Form**

| Full Name   |
|---|
|   |
| Email Address   |
|   |
| Department / Organization   |
|   |
| Sensory Sensitivity Details   |
| Please describe your sensory sensitivities                                      |
|   |
| Known sensory triggers (e.g., noise, light, texture, smell)                     |
|   |
| How do these sensitivities impact you?  |
|   |
| Paguastad Assammadations  |
| Requested Accommodations  Please describe the accommodations you are requesting |
|   |
| Duration of accommodation needed  |
|   |
| Additional Information  |
|   |
| Any additional details or comments  |
|   |