

<b>U.S. NAVAL SEA CADET CORPS</b> <b>U.S. NAVY LEAGUE CADET CORPS</b>	<b>CADET APPLICATION  REQUEST FOR ACCOMMODATION</b>	<i>FOR OFFICIAL USE ONLY</i>
<b>INSTRUCTIONS</b>		
Complete this form <u>ONLY</u> when an accommodation is requested for a prospective cadet under the Americans with Disabilities Act		
<b>1. UNIT INFORMATION</b>		
<b>1a. Unit Name</b> Ghostriders Squadron	<b>1b. Region</b> 096	<b>1c. Date of Request (DD MMM YY)</b>
<b>1d. Full Name and Rank of Commanding Officer</b> Delbert Luzadder, LT NSCC	<b>1e. Commanding Officer's Phone Number</b> 630-302-2364	<b>1f. Commanding Officer Email Address</b> dluzadder@aol.com
<b>2. CADET INFORMATION</b>		
<b>2a. Last Name</b>	<b>2b. First Name</b>	<b>2c. MI</b>
<b>2d. Age</b>	<b>2e. Parent/Guardian Names(s)</b>	
<b>2f. Parent/Guardian(s) Phone Number</b>		<b>2g. Parent/Guardian(s) Email Address</b>
<b>3. ASSESSMENT (Completed by Parent/Guardian with assistance of the Unit Commanding Officer)</b>		
My Son/Daughter's disability is ( <i>optional</i> ):		
<b>4. ACCOMMODATION</b>		
I am requesting the following accommodation for my son/daughter:		
<b>5. DETERMINATION</b>		
If Unit Commanding Officer determines accommodation is considered not reasonable, or cannot be made, Unit Commanding Officer must so state, with firm reasons and further forward to the Regional Director for review/comment and NHQ Representative for final determination. Reason for not approving is:		
<b>6. ACCOMMODATION PLAN</b>		
If Unit Commanding Officer agrees, the plan of accommodation based on individual assessment to allow enrollment and participation, agreed to by all parties, is (be specific as to can do's, and can't do's, limitations, escorting requirements, Recruit Trainings and advanced training, and alternate activities/events, etc. <i>Note: Plan can be modified/adjusted/refined at any time.</i> ):		

## REQUEST FOR ACCOMMODATION

### 7. ENDORSEMENTS

7a. Full Name of Parent/Guardian (Print or Type)	7b. Signature	7c. Date (DD MMM YY)
7d. Full Name and Rank of Commanding Officer (Print or Type)	7e. Signature	7f. Date (DD MMM YY)

### FORWARD TO REGIONAL DIRECTOR FOR RECOMMENDATION

8. REGIONAL DIRECTOR'S RECOMMENDATION:  Approve  Disapprove

Reason for Disapproval or Recommended Modification:

8a. Full Name and Rank of Regional Director (Print or Type)	8b. Signature	8c. Date (DD MMM YY)
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### FORWARD TO NHQ REPRESENTATIVE FOR DECISION

9. NHQ REPRESENTATIVE'S DECISION:  Approve  Disapprove

Reason for Disapproval or Recommended Modification (if modification is recommended, request is returned to the Unit Commanding Officer for further negotiation with parent/guardian regarding the plan for accommodation)

**NHQ Representative retains originals; return copy of decision to Unit CO, copy to Regional Director and National Headquarters.**

9a. Full Name and Rank of NHQ Representative (Print or Type)	9b. Signature	9c. Date (DD MMM YY)
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Complaints regarding the **NHQ Representative's Decision** to limit participation of a cadet in NSCC activities and/or the denial of a reasonable accommodation should be forwarded to:

Executive Director, Naval Sea Cadet Corps  
2300 Wilson Blvd. Suite 200  
Arlington, VA 22201-5435

Complaints regarding any final **NSCC NHQ Decision** to limit the participation of a cadet in NSCC activities and/or the denial of a reasonable accommodation should be forwarded to:

Assistant Secretary of the Navy (Manpower and Reserves)  
Department of the Navy  
1000 Army Navy Drive  
Arlington, VA 20350-1000