



Minneapolis Institute of Art

Request for Accommodation Form
IN ADVANCE OF YOUR VISIT

Full Name of Person Requesting Accommodation: _____

Date of Request: _____ Telephone Number: _____

Email Address: _____

Full Name of Person in Need of Accommodation
(if different from requester): _____

Requested Accommodation:

- Wheelchair
Assistive Listening System
ASL Interpreter for a scheduled tour or public program*
Individual touch tour/tactile diagrams for people who are blind or have low vision*
Verbal description tour for people who are blind or have low vision*
Group tour* (8 or more people) including:
- People who are deaf or hard of hearing
- People with cognitive disabilities
- People who use wheelchairs
- People with memory loss and friends/caregivers
Other accommodations: _____

Requested Date and Time** of Visit: _____

Will your visit relate to a specific event or program? Yes No

If Yes, please indicate event or program: _____

Please call or mail, fax, or email this form to:

Name: Sandy Larson
Position: Head of Human Resources
Address: 2400 Third Avenue South
Minneapolis, MN 55404
Fax: (612) 870-3263
Email: slarson@artsmia.org
Telephone: (612) 870-3090
TTY: (612) 870-3132

*Please request at least 4 weeks in advance.
**Please allow us as much advance notice as possible.

For Office Use Only

Date Received: _____ Date of Contact: _____
Action/Outcome: _____

Requester Contacted by: _____
Type of Contact (phone call, email, or letter; attach any written correspondence): _____
Other Comments: _____