

Mia Request for Accommodation

Minneapolis Institute of Art
2400 Third Avenue South
Minneapolis, MN 55404

IN ADVANCE OF YOUR VISIT

Full Name of Person Requesting

Date of Request:

Telephone:

Email:

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

Requested Date and Time of Visit (Please allow us as much advance notice as possible.):

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

If yes, please indicate event or program:

Requested Accommodation

☐ Wheelchair

☐ Assistive Listening System

Please request the following tours at least 4 weeks in advance:

☐ ASL Interpreter for a scheduled tour

☐ 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 for 10 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/care partners

Other accommodations:

For Office Use Only

Date Received:

Date of Contact:

Action/Outcome:

Requester Contacted by:

☐ Phone call

☐ Email, or letter

☐ Written correspondence (attach)

Other Comments:

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

Name: Sandy Larson

Fax: 612.870.3263

Position: Head of Human Resources

Email: slarson@artsmia.org

Telephone: 612.870.3090

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