



**Updated 8/26/2020**  
**Face Covering Accommodation Request Form**

As per the Re-entry Guidelines, masks are required to be worn at all times while on campus. Accommodations may be available for those with conditions impacted by wearing a traditional mask/face covering. The Face Covering Documentation Form must be completed by a qualified professional and submitted to the Office of Accessibility Services.

Reasonable accommodations will be determined through an interactive process which includes request, documentation, assessment of need, and conversation with college representatives, including the student's faculty. The diagnosis of a medical condition does not guarantee a request or accommodation will be approved. If a reasonable accommodation is not available, students may not be able to attend via in-person instruction. Students who would like to request an accommodation to the mask/face covering policy should complete the following steps:

- Step 1 - Complete an Accommodation Request through the Office of Accessibility Services
- Step 2 - Have a medical provider complete the Face Covering Documentation Form.
- Step 3 - Meet (remotely) with the College's Counselor of Accessibilities Services, Debra Passarella, to determine reasonable accommodations.
- Step 4 - If approved, communicate your accommodation by sharing the Face Covering Documentation Form

All forms may be submitted via email to [Accommodations@luzerne.edu](mailto:Accommodations@luzerne.edu), Fax at (570)740-0405 or regular mail at 1333 South Prospect Street Nanticoke PA 18634 (Attn: Debra Passarella, Counseling).

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The Face Covering Documentation Form must be completed by a qualified professional and submitted with this request. Reasonable accommodations will be determined through an interactive process which includes request, documentation, assessment of need, and conversation with college representatives, including the faculty. The diagnosis of a medical condition does not guarantee a request or accommodation will be approved. Recommendations from qualified professionals will be considered, however, the college will make the final determination. If a reasonable accommodation is not available, students may not meet the standard to be on campus. All information related to this request is confidential.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

LCCC ID#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Phone Number (Cell): \_\_\_\_\_

*By submitting this form I give my consent to the representatives of Luzerne County Community College to consult regarding my request for face-covering accommodations, share this request form, and any medical documentation related to this request. I understand that since the College consists of multiple campuses, I understand that I may need to engage in this interactive process with each campus or center individually if my specific request and circumstances require.*

1. In detail, please describe your request for alternate face-covering options.
2. What condition(s) impacts your ability to wear a common face covering?
3. In specific detail, please describe the how above-mentioned condition is a barrier to wearing a face covering.
4. Are you able to wear a face-covering for any period of time?
5. Is there any additional information you would like to include regarding your condition or this request?