



State of Alaska

Alaska Department of Corrections

Prisoner ADA Accommodation Review Form

DOC Institutional ADA Coordinator:

- 1. Date prisoner most recently returned to DOC custody: _____
- 2. Date prisoner was last released from DOC custody: _____
- 3. Reinstated accommodation(s) discussed with prisoner on (date): _____
- 4. Resources consulted as part of review process: _____

- 5. Review Recommendation: Continue Accommodation: [] Discontinue Accommodation: []
- 6. Recommendation Justification: _____

DOC Institutional ADA Coordinator Printed Name

Work Telephone

Signature

Date

DOC Prisoner ADA Coordinator:

Recommendation: _____

DOC Prisoner ADA Coordinator Printed Name

Work Telephone

Signature

Date

Commissioner: (If reinstated accommodation is discontinued.)

Determination: _____

Signature

Date