
(Date)

Travel Management Services
travel@iu.edu

Dear Travel Management Services,

This statement is to confirm that our department has a doctor's statement on file that supports the ADA accommodations for _____ for the following travel accommodation(s)
(Traveler)

(List ADA accommodation(s))

I approve this accommodation for the following time frame: _____.
(Start and End Date)

Comments (optional):

(Signature)

(Title of Dean/Department Head)