
I understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others at Texas A&M University System Offices and/or to me, or if it creates an undue hardship on Texas A&M University System

I hereby affirm the truthfulness of the foregoing statement.

Signature: _____ Date: _____

Submit your completed form to System Offices Human Resources.