

## Accessibility Request

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If you require **architectural** or information and communication accessibility, please complete this request. The University of Lodz will determine your right to request accessibility and contact you.

**University of Lodz**  
**Academic Support Centre, UL**  
**ul. Pomorska 152**  
**91-404 Łódź**

### Applicant details

Enter your data in the fields below.

Name	
Last name	
Street	
House number	
Flat number	
Postal code	
City	
Phone number	
Email address	

**Entity to which the  
request is submitted**

Where the barrier occurred

Name	
Street	
Building number	
Flat number	
Postal code	
City	

Pursuant to Art. 30 of the Act of 19 July 2019 on ensuring accessibility for people with special needs (Journal Laws of 2020, item 1062) as:

- a person with special needs
  - a legal representative of a person with special needs
- underline as appropriate

**I request that accessibility be ensured** in terms of:

- architectural accessibility,
  - information and communication accessibility
- underline as appropriate

**1. The accessibility barrier is**

Please describe what limitation or obstacle causes the lack of accessibility. You can specify several limitations. If there is too little space in the field, attach a separate description.

**2. I need accessibility so that**

Describe why you need a public entity to ensure architectural and/or information and communication accessibility.

**3. Please ensure accessibility by**

Complete this field if you want the public entity to ensure accessibility in a specific way.

Indicate how we can contact you:

1. By phone .....

2. By post to the address:

.....

3. Electronically, email address

.....

4. Another form (what?)

.....

Number of attachments (if relevant):

.....

Date and signature of applicant