

DEPARTMENT OF HOMELAND SECURITY  
**FEDERAL LAW ENFORCEMENT TRAINING CENTERS**  
**TRANSPORTATION, LODGING AND MEALS ACCOMMODATION OR WAIVER**

Class Name:	Class Number:
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Arrival Date:	Departure Date:
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Student Name:

**Form Instructions:** Select the applicable student accommodation or waiver type(s) from the list below. If request is due to a medical or psychological impairment, do not include diagnosis or details of the impairment. Submit the completed form to the appropriate contact:

Submit to Glynco: fletc-lodging-mealwaivers@fletc.dhs.gov  
Submit to Charleston: Jim.Ferry@fletc.dhs.gov  
Submit to Artesia: Ray.Kirkpatrick@fletc.dhs.gov  
Submit to Cheltenham: FLETC-EEO@fletc.dhs.gov

<b>LODGING</b> (select one):	Per Diem	On-Center Lodging Need	Off-Center Lodging Need	Other	No Lodging Waiver or Accommodation Needed
Description/Justification:					

<b>MEALS</b> (select one):	Per Diem Waiver	Dietary Restriction (describe)	No Meal Waiver or Accommodation Needed
Description/Justification:			

<b>TRANSPORTATION:</b>	Transportation Accommodation Needed	No Transportation Waiver or Accommodation Needed
Description/Justification:		

**PO Agency Approving Official Verification**

I confirm the student's requested waivers and/or accommodations listed above are approved by the PO agency. The request was vetted through the PO agency's Reasonable Accommodation/Religious Accommodation/Provisional Arrangement or administrative request process, as appropriate. FLETC does not request or review student medical documentation, nor does FLETC make a determination regarding the student's need for or entitlement to a waiver or accommodation. I understand that FLETC will coordinate and implement agency-approved waivers or accommodations, and that some waivers and accommodations may incur a cost that could be charged back to the student and/or agency.

PO Agency Contact Name

PO Agency Contact Email & Phone Number:

PO Representative Signature:

Dated: