



University of Pittsburgh

CERTIFICATION OF ACCESSIBILITY

NAME OF FACILITY: _____

ADDRESS: _____

FACILITY MANAGER: _____

DATE OF SURVEY: _____

PERSON CONDUCTING SURVEY: _____

TITLE: _____

PHONE NUMBER: _____

With knowledge that this Certification and Checklist are submitted by me to affect action by the University of Pittsburgh, I hereby certify that the attached completed ADA Self-Evaluation Checklist is a true and complete statement as of this date of the accessibility of the above-referenced Facility.

(Signature)

(Date)

(Typed Name)

(Title)