Self-Represented

ATTACHMENT TO FORM MC-410, DISABILITY ACCOMMODATION REQUEST

{%p for field in MC\_410\_attachment.overflow() %}

{%p if field.is\_object\_list() %}

## {{ field.label }}

|  |  |  |
| --- | --- | --- |
| **{%tc for column in field.columns() %}** | **{{ label(column).capitalize() }}** | **{%tc endfor %}** |
| {%tr for row in field.overflow\_value() %} |  |  |
| {%tc for column in field.columns() %} | {{ safeattr(row, key(column)) }} | {%tc endfor %} |
| {%tr endfor %} |  |  |

{%p elif field.is\_list() %}

## {{ field.label }}

* {%p for item in field.overflow\_value() %}
* {{ item }}
* {%p endfor %}

{%p else %}

**{{ field.label }}**

…{{ field.overflow\_value(overflow\_message= MC\_410\_attachment.default\_overflow\_message) }}

{%p endif %}

{%p endfor %}