VA Section 508 Validation Status (VS)

This document is submitted as confirmation of the Section 508 status of the VA Project identified below.

For Internal VA Section 508 Office Use Only   **Assignment Tracking Number:** _____

General Information

Date of Recommendation: _____

VA Project Name and Acronym:

_____

Contact Information

VA Project Manager Name: _____

VA Project Manager Phone: _____

VA Project Manager E-mail: _____

Deployment Information   Interim   Final

FOR INTERIM DEPLOYMENTS:

Are all Section 508 Critical and High defects remediated?

     Yes   No

Comments:

FOR FINAL DEPLOYMENTS:

Are all Section 508 Critical and High defects remediated?

     Yes   No

If "No" please provide the justification here for releasing a non-compliant project into the VA Environment:

Release Recommendation

Section 508 Office recommends release: Yes   No

VA Section 508 Representative: _____   Date: _____