

# STUDENT ACCESSIBILITY SERVICES REQUEST FORM

## STUDENT CONTACT INFORMATION

Name: _____	Campus: _____
First                  Middle Initial                  Last	
	Veteran: ____ Yes ____ No
Address: _____	
Street	
City                  State                  Zip Code	Telephone: (    ) _____
(If your address will be different during the school year, please include that address and phone number as well.)	
Email Address: _____	Best way to contact: _____
Campus ID: _____	Date of Birth    /    /

## ACADEMIC INFORMATION

<b>Student Status:</b> ____ Not yet admitted    ____ Admitted    ____ Freshman    ____ Sophomore
Which semester would you like services to begin?    Fall 20____    Spring 20____    Summer 20 ____
If you are requesting accommodations for placement testing, please complete the following:
Placement exam date: _____
Placement testing services being requested: _____

## DOCUMENTATION

<b><u>Documentation to Support Need for Requested Services:</u></b>
In order to be determined eligible to receive accommodation services, the student must submit documentation from a qualified professional that verifies that a condition exists that substantially limits a major life activity (i.e. walking, seeing, breathing, hearing, learning, communicating, etc.).
____ MY DOCUMENTATION IS ENCLOSED
____ I HAVE PREVIOUSLY SUBMITTED MY DOCUMENTATION TO STUDENT SERVICES
____ I WILL BE SUBMITTING MY DOCUMENTATION
<b>Please keep in mind that a high school IEP alone will not be sufficient documentation for eligibility purposes. Please refer to the documentation guidelines found in the Student Accessibility Services packet.</b>
If you have any questions regarding appropriate documentation, please contact Brian Schultz, Director of Student Accessibility Services at: (608) 262-2001(voice) (608) 265-5766(TTY) 1-888-463-6892 (toll free) or via email at: <a href="mailto:brian.schultz@uwc.edu">brian.schultz@uwc.edu</a>

**PLEASE COMPLETE REVERSE SIDE**

NEED FOR SERVICES

Please describe your disability and need for accommodation services. You may use additional paper if necessary.

Five horizontal lines for describing disability and need for accommodation services.

What academic support services have you previously used? \_\_\_\_\_

Horizontal line for listing previously used academic support services.

Where received? \_\_\_ High School \_\_\_ College \_\_\_ Technical School \_\_\_ Other \_\_\_\_\_

REQUEST FOR ACCESSIBILITY SERVICES

I AM REQUESTING THE FOLLOWING SERVICES (please keep in mind that the documentation you submit must support each service that you are requesting):

Instructional and Campus Access Services:

- \_\_\_ Preferential Seating \_\_\_ Taped Lecture \_\_\_ Notetaker \_\_\_ Audio Textbooks \_\_\_ Enlarged Print
\_\_\_ Accessible Parking \_\_\_ Priority Registration \_\_\_ Sign Language Interpreter \_\_\_ Braille Materials
\_\_\_ Lab Assistance \_\_\_ Library Assistance \_\_\_ C-Print Captioning \_\_\_ Accessible Furniture

Other: 1. \_\_\_\_\_
2. \_\_\_\_\_

Testing Support Services:

- \_\_\_ Extended Time \_\_\_ Minimal Distraction \_\_\_ Reader \_\_\_ Scribe \_\_\_ Enlarged Print \_\_\_ Braille
\_\_\_ Access to adaptive software and or equipment (please describe) \_\_\_\_\_

Please list additional testing support services that you are requesting: \_\_\_\_\_

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I give my permission for information regarding my Individualized Accommodation Plan to be shared with:

- \_\_\_ Appropriate faculty and university staff
\_\_\_ Parents or guardian
\_\_\_ Other (name) \_\_\_\_\_

I understand that I can submit a written statement revoking or changing this authorization at any time.

STUDENT SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_