



FORMAL REQUEST FOR ACCOMMODATION

As an individual claiming to have permanent disability (hereinafter referred to as “disability”), I hereby designate the UNT Dallas Student Life Office of Disability Accommodation to be the holder of record for documentation of my disability and request that accommodations which are appropriate to my disability, and reasonable in the context of the academic and student service environment under the Americans with Disabilities Act, be provided to me by applicable entities at the University of North Texas at Dallas. I realize that this application for special accommodations as an individual with a disability will remain a part of my permanent record in this office.

[Please Print]

Date: _____

Name: _____ ID#: _____

Classification: _____ Transferring from: _____

Address: _____

City: _____ State: _____ ZIP: _____

Tel.: _____ Email: _____

Emergency Contact Person and Emergency Contact Phone Number:

Sex (M/F): _____ Birth Date (MM/DD/YYYY): _____

Type of disability (-ies):

Current Disability Related Medications:

RELEASE OF GENERAL INFORMATION

I understand that it will be necessary for the Disability Services Office to share certain routine, general information regarding my disability with UNT personnel who have a legitimate need to know in order to provide appropriate accommodations. Among such people with a need to know may be academic Dean, teachers, academic advisor, housing assignment coordinator, tutoring coordinator, or others who appropriate response to me may require general knowledge. I understand that my application for service authorizes DSO to provide such information, but when provided, it will be marked as confidential and will be limited to the following:

- ◆ The generic term (or its equivalent) for my disability
- ◆ General information about how the disability affects my academic or personal performance
- ◆ Information about my learning modality and recommendations for specific accommodations

STUDENT RESPONSIBILITIES

Students receiving services are expected to act as independent, self-directing, responsible adults with regard to their student status. DSO does not serve *in loco parentis* nor in a caretaker role. The student must accept full responsibility for meeting applicable university standards with regard to behavior, academic performance and autonomy. Due to staff limitations, the responsibility for initiating open communication regarding special needs is the responsibility of the student and must be maintained for optimal service. If the nature or severity of the disability changes, it is the student's responsibility to update documentation so that it accurately addresses current accommodation requirements.

I have reviewed the foregoing Formal Request for Accommodation and I agree to all the terms and conditions stated herein.

Student Signature

Date

Student Name and ID# _____

College: _____
(i.e. Arts & Science or College of Business)

Major: _____

Campus: _____

GPA: _____

Degree Plan: _____
(i.e. Bachelors, Masters, or Certification)

Residence Status: _____
(Instate or Out of State)

Documentation Date (MM/DD/YYYY): _____

DOCUMENTATION REQUIRED TO DETERMINE APPROPRIATE ACCOMMODATION

I understand that before accommodations can be provided, I must furnish current documentation of my permanent disability from a professional who is licensed/certified in a field applicable to my disability. This documentation will be used as a matter of information regarding accommodations and services that may be appropriate and reasonable in the context of the academic and student service environment. Should documentation furnished be more than three years old, I understand that it is my responsibility to update my documentation within a timely manner, and that failure to do so may result in an interruption of accommodations or services.

Should UNT Dallas have reason to question the accuracy of any documentation which I furnish, I understand that the University of North Texas at Dallas has the right to require me to obtain additional documentation from a professional who is licensed/certified in a field applicable to my disability for additional verification at the expense of the student.

Source of documentation for your disability: _____

Name of Physician/Diagnostician: _____

Credentials: _____ **Phone:** _____