

Request for Disability Accommodation and/or Auxiliary Aids and Services

Instructions: Please use this form if you are requesting accommodations/services for the first time. Please print clearly and complete all information. Documentation of your disability must also be submitted to complete your request for services. Please see the documentation guidelines for the specific required documentation.

PERSONAL INFORMATION		
Name		Today's Date
UNT Dallas College of Law Student ID#	Date of Birth / /	Age
CONTACT INFORMATION:		
Street Address		Apartment #
City	State	ZIP Code
Cell Phone () <input type="checkbox"/> Okay to phone <input type="checkbox"/> Okay to leave message		
Home or Other Phone () <input type="checkbox"/> Okay to phone <input type="checkbox"/> Okay to leave message		
UNT College of Law E-mail Address (please be aware that email may not be confidential)		
Preferred Method of Contact <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home/Other Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Other (identify)		
EMERGENCY CONTACT:		
Name	Relationship	Phone ()
Street Address		Apartment #
City	State	ZIP Code
OTHER INFORMATION: (check YES for those groups that apply to you and answer the corresponding follow-up questions)		
Veteran <input type="checkbox"/> No <input type="checkbox"/> Yes	Branch of Military	Time of Service
International Student <input type="checkbox"/> No <input type="checkbox"/> Yes	Country	
Transfer Student <input type="checkbox"/> No <input type="checkbox"/> Yes	Transfer from	
REFERRED BY:		
<input type="checkbox"/> Self <input type="checkbox"/> Professor <input type="checkbox"/> Dean <input type="checkbox"/> Advisor <input type="checkbox"/> Medical Provider <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other (identify):		
If SELF, How did you hear about our services?		

ACADEMIC INFORMATION

Academic Status		Academic Status	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year	
Semester	Course load this semester	UNT Dallas COL GPA	

DISABILITY INFORMATION

Please specify your disability (check all that apply):

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADD/ADHD)	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Blind/Visual Impairment	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Deaf/Hard of Hearing	
<input type="checkbox"/> Emotional/Psychological/Psychiatric	<input type="checkbox"/> Temporary Illness/Temporary Medical Condition (Please note that if you have a condition that has not been present for more than 6 months or is not expected to affect you for more than 6 months, this is not covered under disability legislation. Disability Services will work with these individuals to accommodate their needs, though.)
<input type="checkbox"/> Learning Disability	
<input type="checkbox"/> Neurological Condition /Cognitive Disability	

When was your disability originally diagnosed?

Do you receive services through any of the following?

<input type="checkbox"/> Veteran's Administration (VA)	<input type="checkbox"/> Division of Blind Services (DBS)
<input type="checkbox"/> Department of Assistive and Rehabilitative Services (DARS)	<input type="checkbox"/> Other: _____

ACCOMMODATION HISTORY

List all accommodations you used BEFORE COMING TO UNT DALLAS COLLEGE OF LAW.
Please describe the accommodation, where you used it, and when:

If applicable, list all accommodations you have used AFTER COMING TO UNT DALLAS COLLEGE OF LAW.
Please describe the accommodation, where you used it, and when:

Did you receive accommodations on a state mandated or higher education entrance exam (i.e., SAT, ACT, GRE, GMAT, LSAT)?

No Yes If YES, please describe:

ACCOMMODATION REQUESTS

Please list the accommodations that you are requesting at UNT Dallas College of Law. Please note that your documentation must support these requests.

- | | |
|---|--|
| <input type="checkbox"/> Alternative Text Format (Texts and Handouts) | <input type="checkbox"/> Note Taker for Class |
| <input type="checkbox"/> Audio | <input type="checkbox"/> Priority Registration |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Reader for Exams |
| <input type="checkbox"/> E-Text | <input type="checkbox"/> Reduced Course Load |
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Scribe for Exams |
| <input type="checkbox"/> Audio Recording of Class (recorder not provided) | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> CART Services (real time captioning) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Distraction-Reduced Testing Environment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Extended Time on Exams 1.5X | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Extended Time on Exams 2X | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Furniture Accommodation: _____ | <input type="checkbox"/> Other: _____ |
| _____ | <input type="checkbox"/> Other: _____ |
| _____ | <input type="checkbox"/> Other: _____ |
| _____ | <input type="checkbox"/> Other: _____ |

By my signature below, I am requesting reasonable accommodations for my disability (disorder, illness, or condition). I understand that, in order to receive reasonable accommodations, I must request reasonable accommodations in a timely manner, submit appropriate documentation of my disability, disorder, illness or condition as outlined in guidelines and forms from the Office of the Dean of Students, and must be found eligible for accommodations/services.

I certify that the information provided is true to the best of my knowledge.

Student's Signature	Date / /
---------------------	-------------

The completed Request for Disability Accommodation and/or Auxiliary Aids and Services form should be returned to UNT Dallas College of Law, Assistant Dean of Student Affairs, via email or hand delivery. The email address: lawdeanofstudents@untsystem.edu. Faxed submissions are not accepted.