# STUDENT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Campus: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Print) First Middle Initial Last</td>
<td>PRISM ID: ________</td>
</tr>
<tr>
<td>Address: ____________________________</td>
<td>Date of Birth: <em><strong>/</strong></em>/_______</td>
</tr>
<tr>
<td>Street ____________________________</td>
<td>Veteran? _____ Yes _____ No</td>
</tr>
<tr>
<td>City __________ State __________ Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

| Phone Number: ( ) ___________ | Preferred Method of Contact? Email / Phone |

| Campus Email (primary) ____________________________ | Alternate Email: ____________________________ |

# ACADEMIC INFORMATION

<table>
<thead>
<tr>
<th>Student Status: _____ Not yet admitted _____ Admitted _____ Freshman _____ Sophomore</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which semester would you like services to begin? Fall 20_____ Spring 20_____ Summer 20_____</td>
</tr>
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</table>

If you are requesting accommodations for placement testing, please complete the following:

| Placement exam date: ____________ |
| Placement testing services being requested: ____________________________ |

# DOCUMENTATION

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.). Please keep in mind that a high school IEP alone will not necessarily be sufficient documentation for eligibility purposes, depending upon the IEP content and the identified disability.

Check One:

_____ MY DOCUMENTATION IS ENCLOSED

_____ I HAVE PREVIOUSLY SUBMITTED MY DOCUMENTATION TO STUDENT SERVICES

_____ I WILL BE SUBMITTING MY DOCUMENTATION

If you have any questions regarding appropriate documentation, please contact:
Kristin Hoffmann, Director of Student Accessibility Services
Phone: (262) 524-3957 or Email: kristin.hoffmann@uwc.edu
PERSONAL STATEMENT

In your own words, please describe your disability and why you need the accommodation services you are requesting. You may use additional paper if necessary.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Academic support services previously used:____________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Where received?  ____ High School  ____ College  ____ Technical School  ____ Other: ______________________

ACCESSIBILITY SERVICES BEING REQUESTED

I am requesting the following classroom and campus access service(s):

___ Notetakers  ___ Sign Language Interpreter
___ Recorded Lecture  ___ Captioning
___ Audio or electronic textbooks (circle one)  ___ Accessible furniture – Describe: ______________________
___ Enlarged course materials - Font size: _______  ___ Preferential seating
___ Braille course materials  ___ Accessible parking
___ Other (specify):1. ____________________________________________  2. ______________________________________

I am requesting the following testing and quiz access service(s):

___ Extended time (time-and-a-half) and room with minimal distraction  ___ Enlarged Print
___ Reader  ___ Braille
___ Access to screen reading software  ___ Calculator
___ Scribe  ___ CCTV
___ Other (describe): ____________________________________________

I give my permission for information regarding my Individualized Accommodation Plan to be shared with the following individuals. I understand that I can submit a written statement revoking or changing this authorization at any time.

_____  Appropriate faculty and university staff
_____  Parents or guardian
_____  Other (Name): ____________________________________________

Submission of this request does not imply you will receive services. In addition to this application, in order to be eligible for disability related services, students must have a documented disabling condition as defined by the Americans with Disabilities Act of 1990 (ADA), ADA Amendments Act 2009 and Section 504 of the Rehabilitation Act of 1973.

STUDENT SIGNATURE: ____________________________________________  DATE: ________________

Please turn in completed and signed form to your Campus Contact for Student Accessibility Services