

**STUDENT ACCESSIBILITY SERVICES
REQUEST FORM**

STUDENT CONTACT INFORMATION

Name: _____ Campus: _____
(Print) *First Middle Initial Last*

Address: _____ PRISM ID: _____
Street

_____ Date of Birth: ___/___/___
City State Zip Code

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

Campus Email (*primary*) _____ Alternate Email: _____

ACADEMIC INFORMATION

Student Status: ___ 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

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):

- | | |
|---|---|
| <input type="checkbox"/> Notetakers | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Recorded Lecture | <input type="checkbox"/> Captioning |
| <input type="checkbox"/> Audio or electronic textbooks (circle one) | <input type="checkbox"/> Accessible furniture – Describe: _____ |
| <input type="checkbox"/> Enlarged course materials - Font size: _____ | <input type="checkbox"/> Preferential seating |
| <input type="checkbox"/> Braille course materials | <input type="checkbox"/> Accessible parking |
| <input type="checkbox"/> Other (specify): 1. _____ 2. _____ | |

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

- | | |
|--|---|
| <input type="checkbox"/> Extended time (time-and-a-half) and room with minimal distraction | <input type="checkbox"/> Enlarged Print |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Access to screen reading software | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Scribe | <input type="checkbox"/> CCTV |
| <input type="checkbox"/> 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