## STUDENT CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Campus:</th>
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(Print) First Middle Initial Last

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<tr>
<th>Address:</th>
<th>Phone</th>
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Street

City State Zip Code

Date of Birth: ___/___/___

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<tr>
<th>Veteran:</th>
<th>Yes</th>
<th>No</th>
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If your address will be different during the school year, please include school address and phone number.

Email Address: __________________ Best Way to Contact: __________________

## ACADEMIC INFORMATION

<table>
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<tr>
<th>Student Status:</th>
<th>Not yet admitted</th>
<th>Admitted</th>
<th>Freshman</th>
<th>Sophomore</th>
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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.).

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 Brian Schultz, Director of Student Accessibility Services at: (608) 262-2001 (voice) or 1-888-463-6892 (toll free)

Email: brian.schultz@uwc.edu

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.

PLEASE COMPLETE REVERSE SIDE
NEED FOR ACCESSIBILITY SERVICES

Please describe your disability and why you need the accommodation services you are requesting. You may use additional paper if necessary.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What academic support services have you previously used?

________________________________________________________________________________________

Where received? ___ High School ___ College ___ Technical School ___ Other: __________________________

ACCESSIBILITY SERVICES BEING REQUESTED

Please keep in mind that the documentation you submit must support each requested service.

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

___ Notetakers ___ Recorded Lecture ___ Audio or electronic textbooks (circle one) ___ Enlarged course materials - Font size: _________

___ Notetakers ___ Recorded Lecture ___ Audio or electronic textbooks (circle one) ___ Enlarged course materials - Font size: _________

___ Braille course materials ___ 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:

___ 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: _____________

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