**Application for Accommodations and Services**

Please allow at least two weeks (or more during the summer before the first term of entry) for the Office of ADA for Students to review your application and supporting documentation. **Please note that your application cannot be reviewed until all documentation is received.** All accommodation requests will be evaluated based on your supporting documentation. Documentation guidelines are available online. After your application and documentation has been reviewed, you will be contacted to schedule an appointment.

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| Student Information |
| **Name** | **Student ID** | **Date of Birth** |
| **Street Address** | **City, State** | **Zip** |
| **Local Phone** | **Cell Phone** | **UTPB Email** |

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| History |
| **Date of onset of disability** | **Medications, if applicable** |
| **Description of disability** |
| **Name of Vocational Rehabilitation Counselor (DARS)** | **City, State** |
| **List of previous academic accommodations provided:** |

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| In Case of Emergency |
| **Name** | **Relationship** | **Phone** |
| **Address** | **City, State** | **Zip** |

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| Confidentiality Statement |
| Disability Services has my permission to discuss the nature or type of my disability-related needs with UTD faculty/staff as needed to provide appropriate services and accommodations. Yes No |

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| Disclaimer and Signature |
| Privacy Statement: With few exceptions, you are entitled on your request to be informed about the information UTPB collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTPB correct information about you that is held by us and that is incorrect. UTPB Identification Disclosure: Disclosure of your UTPB Identification number is requested because it is a unique identification number which is maintained for the purpose of ensuring tracking and accuracy of students’ information. The disclosure of such information is voluntary. Disclosure of your UTPB identification number will be governed by the Public Information Act (Chapter 552 of the Texas Government Code.) |
|  Signature: Date: |
| Name of person completing this form(if other than self): Date: |

Please print this form, sign and return to the Office of ADA for Students at address above. Revised 8/2018.