



## STUDENT DISABILITY SERVICES Request for Accommodation

UBATC is committed to the principle of equal opportunity for students with disabilities. The UBATC Center for Disability Services, as required under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, makes every reasonable effort to provide appropriate accommodations and assistance to students with disabilities.

Name \_\_\_\_\_ **DOB** \_\_\_\_\_  
Last First MI MM/DD/YY

Phone \_\_\_\_\_ Email \_\_\_\_\_

What UBATC program/class are you enrolled in? \_\_\_\_\_

Please describe in detail the nature of your disability and what affect it has on you academically.

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What accommodations are you requesting? \_\_\_\_\_

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Do you currently use assistive technology devices or other modifications?  YES  NO

If YES, please list them: \_\_\_\_\_

How do you accommodate your disability outside of school? \_\_\_\_\_

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Do you have official documentation of your disability?  YES  NO

IF NO, Contact your qualified healthcare professional that treats/diagnosed your condition. The documentation must:

- Be current (completed within the last three years)
- Clearly state the diagnosed disability or disabilities
- Describe the functional limitations resulting from the disability
- Describe the specific accommodations requested and the rationale for such accommodations
- Be typed or printed on official letterhead and signed by the evaluator qualified to make the diagnosis

Documentation will be maintained in a confidential file separate from the academic student record.

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*I verify that this information is accurate and may be used by personnel, who have an academic need to know, to provide assistance and services to me. I agree to furnish any documentation required and I understand that any costs for obtaining documentation are my responsibility.*

Signature \_\_\_\_\_ Date \_\_\_\_\_