

Disability Consideration Request Form

2017-2018

Name:

Date:

UFID:

Date of Diagnosis:

Diagnosis:

Any ACT/SAT accommodations? yes no Any school accommodations? yes no

I am uploading the following paperwork for the Office of Admissions to review (check all that apply)

504 Plan/IEP/PLP

Psychological Evaluation

Physician Documentation

Attendance Record

Testing Accommodations

Other Documentation

Personal Statement: Please write a brief description of your disability and how it significantly impacted your 1) High School Education and 2) Extracurricular Involvement. Please also include your level of support including family involvement, access to a counselor/psychologist, and access to healthcare and medication.

If admitted, I would like to receive additional information from the Disability Resource Center:

I certify that the information above is correct.

Signature

