

# UNT | DALLAS Disability Services

## REQUEST FOR SERVICES

**Instructions:** Please use this form if you are requesting accommodations/services for the first time. Please print clearly and complete ALL information. Documentation of your disability (ies) must also be submitted to complete your request for services. Please see documentation guidelines for the specific documentation required.

### PERSONAL INFORMATION

NAME: \_\_\_\_\_ Today's Date: \_\_\_\_\_

STUDENT ID#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ Age: \_\_\_\_\_

GENDER:  Male  Female  Transgender ETHNICITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

Is it okay to leave messages on the above phone numbers? Home: Y N Cell: Y N Other: Y N

UNT Email address: \_\_\_\_\_ Other email: \_\_\_\_\_

**ALL communication will be through your UNT email address.**

### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

### OTHER INFORMATION:

VETERAN:  YES  NO BRANCH OF MILITARY:  \_\_\_\_\_

TIME OF SERVICE: \_\_\_\_\_

University of North Texas at Dallas  
Office of Disability Services  
•7350 University Hills Blvd.  
•Student Center, Suite 1104  
Phone: 972-338-1777 FAX: 972-338-1788



ARE YOU A FIRST GENERATION STUDENT:  YES  NO

TRANSFER STUDENT:  YES  NO

PRIOR COLLEGES AND UNIVERSITIES ATTENDED: \_\_\_\_\_

REFERRED BY:  SELF  PROFESSOR  DEAN  ADVISOR  MEDICAL PROVIDER  OTHER

**ACADEMIC INFORMATION**

ACADEMIC STATUS:  FRESHMAN  SOPHOMORE  JUNIOR  SENIOR  GRADUATE  OTHER

MAJOR/ACADEMIC DEPARTMENT: \_\_\_\_\_

TOTAL NUMBER OF COLLEGE CREDITS COMPLETED: \_\_\_\_\_ OVERALL GPA: \_\_\_\_\_

**DISABILITY INFORMATION:**

Please specify your disability (ies):

- ADD/ADHD Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder
- Blind/Visual Impairment
- Deaf/ Hard of Hearing
- Chronic Health Condition (Describe)
- Emotional/Psychological/Psychiatric Disorder (Describe)
- Learning Disability
- Cognitive Disorder
- Traumatic Brain Injury
- Neurological Condition (Describe)
- Speech Impairment
- Other Physical disability
- Other: \_\_\_\_\_

Temporary Disability (Present less than six months and expected to last less than six more months):

Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accommodation History:**

Please list all accommodations you used before coming to college. Please describe the accommodations, where you used it, and when:

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Please list all accommodations you used AFTER coming to college. Please describe the accommodations, where you used it, and when:

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**ACCOMMODATION REQUESTS:**

Please list the accommodations that you are requesting at UNT Dallas. Please note that your documentation MUST support these requests.

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|---|--|
| <input type="checkbox"/> Alternative Text Format (Text and Handouts)        | <input type="checkbox"/> Note Taker for Class            |
| <input type="checkbox"/> Audio  | <input type="checkbox"/> Priority Registration           |
| <input type="checkbox"/> Braille  | <input type="checkbox"/> Reader for Exams                |
| <input type="checkbox"/> E-Text   | <input type="checkbox"/> Reduced Course load             |
| <input type="checkbox"/> Large Print  | <input type="checkbox"/> Scribe for Exams                |
| <input type="checkbox"/> Digital Recording of class (Recorder not provided) | <input type="checkbox"/> Sign Language Interpreter       |
| <input type="checkbox"/> CCTV   | <input type="checkbox"/> Extended Time on Tests (1.5X)   |
| <input type="checkbox"/> CART (Real Time Captioning)                        | <input type="checkbox"/> Extended Time on Tests (2x)     |
| <input type="checkbox"/> Distraction Reduced Testing Environment            | <input type="checkbox"/> Enlarged Print: _____ font size |
| <input type="checkbox"/> Furniture Accommodation: _____                     |  |
| <input type="checkbox"/> Other: _____                                       | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Other: _____                                       |  |

By my signature below, I am requesting reasonable accommodations for my disability (disorder, illness, or condition). I understand that in order to receive reasonable accommodations, I must submit current documentation of my disability, disorder, illness or condition (guidelines are provided) to Disability Services, be found eligible for accommodations/services, and MUST request reasonable accommodations in a timely manner. I understand that I must submit request for accommodations for each semester.

I certify that to the best of my knowledge, the information that I have provided is complete and accurate.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date