



**REQUEST FOR ACCOMMODATIONS**

**Instructions:** Please use this ONLY IF YOU HAVE PREVIOUSLY BEEN REGISTERED WITH UNT DALLAS DISABILITY SERVICES. Please print clearly and complete all information. New documentation is required only if you are requesting new accommodations.

Please allow 7 business days for your accommodation letters. All accommodation letters will be sent electronically to your my.unt.edu email address.

**PERSONAL INFORMATION**

NAME: _____		TODAY'S DATE: _____	
STUDENT ID#: _____	DATE OF BIRTH: _____	AGE: _____	
<b>CONTACT INFORMATION:</b>			
Address: _____		City: _____	State: _____ Zip Code: _____
Cell Phone #: _____	<input type="checkbox"/> OK to phone	<input type="checkbox"/> OK to leave message	
Home or Other phone #: _____	<input type="checkbox"/> OK to phone	<input type="checkbox"/> OK to leave message	
UNT E-mail address: _____			

**ACADEMIC INFORMATION**

ACADEMIC STATUS:  Freshman     Sophomore     Junior     Senior     Graduate Student     Other (identify) \_\_\_\_\_

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**ACADEMIC INFORMATION:**

Major/Academic Department: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Current Semester Courseload:

Course	Date/Time	Room	Professor

Please return the completed form to:  
 Disability Services  
 University of North Texas at Dallas  
 7400 University Boulevard, Suite 200  
 Dallas, TX 75241  
[Cynthia.Suarez@untdallas.edu](mailto:Cynthia.Suarez@untdallas.edu)  
 Tel (972) 338-1777

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## DISABILITY INFORMATION

Please specify your disability (check all that apply):

- Attention Deficit Hyperactivity Disorder (ADHD/ADD)
- Blind/Visual Impairment
- Chronic Health Condition
- Deaf/Hard of Hearing
- Emotional/Psychological/Psychiatric
- Learning Disability
- Neurological Condition /Cognitive Disability
- Physical Disability
- Speech Impairment
- Other \_\_\_\_\_
- Temporary Illness/Temporary Medical Condition (please note that if you have a condition that has not been present for more than 6 months or is not expected to affect your for more than 6 months, this is not covered under disability legislation. Disability Services will work with these individuals to accommodate their needs, though).

## NEW ACCOMMODATION REQUESTS

You will automatically be given all accommodations that have previously been approved. Please submit documentation to support your request for additional accommodations.

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|---|--|
| <input type="checkbox"/> Alternative Text Format (Texts 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"/> Audio Recording of Class (recorder not provided) | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> CCTV   | <input type="checkbox"/> Learning Disability       |
| <input type="checkbox"/> CART Services (real time captioning)             | <input type="checkbox"/> Speech Impairment         |
| <input type="checkbox"/> Distraction-Reduced Testing Environment          | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Extended Time on Exams 1.5X                      | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Extended Time on Exams 2X                        | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Furniture Accommodation _____                    | <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 certify that the information provided is true to the best of my knowledge.

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

\_\_\_\_\_  
Date

2 Rev. 06/15/2013

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