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

<table>
<thead>
<tr>
<th>NAME:</th>
<th>TODAY'S DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT ID#:</td>
<td>DATE OF BIRTH:</td>
</tr>
<tr>
<td></td>
<td>AGE:</td>
</tr>
</tbody>
</table>

CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<table>
<thead>
<tr>
<th>Cell Phone #:</th>
<th>OK to phone</th>
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<tbody>
<tr>
<td></td>
<td>OK to leave message</td>
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<table>
<thead>
<tr>
<th>Home or Other phone #:</th>
<th>OK to phone</th>
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<tbody>
<tr>
<td></td>
<td>OK to leave message</td>
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<tr>
<th>UNT E-mail address:</th>
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ACADEMIC INFORMATION

ACADEMIC STATUS:  

- ☐ Freshman  
- ☐ Sophomore  
- ☐ Junior   
- ☐ Senior   
- ☐ Graduate Student  
- ☐ Other (identify)

ACADEMIC INFORMATION:

<table>
<thead>
<tr>
<th>Major/Academic Department:</th>
<th>Expected Graduation Date:</th>
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Current Semester Courseload:

<table>
<thead>
<tr>
<th>Course</th>
<th>Date/Time</th>
<th>Room</th>
<th>Professor</th>
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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
Tel (972) 338-1777
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.

☐ Alternative Text Format (Texts and Handouts)
  ☐ Audio
  ☐ Braille
  ☐ E-Text
  ☐ Large Print
☐ Audio Recording of Class (recorder not provided)
☐ CCTV
☐ CART Services (real time captioning)
☐ Distraction-Reduced Testing Environment
☐ Extended Time on Exams 1.5X
☐ Extended Time on Exams 2X
☐ Furniture Accommodation

☐ Note Taker for Class
☐ Priority Registration
☐ Reader for Exams
☐ Reduced Course Load
☐ Scribe for Exams
☐ Sign Language Interpreter
☐ Learning Disability
☐ Speech Impairment
☐ Other
  ☐ Other
  ☐ Other
  ☐ Other
  ☐ 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 ________________

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