

UNT | DALLAS

Disability 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 must also be submitted to complete your request for services. Please see the documentation guidelines for the specific required documentation.

PERSONAL INFORMATION:		
NAME:		DATE:
UNTD numerical ID#	Date of Birth: / /	Age:
Gender: Male Female	Transgender Other	Ethnicity:
Street Address:		Apartment #:
City	State	Zip Code
Cell Phone#	<input type="checkbox"/> Ok to phone	<input type="checkbox"/> Ok to leave a message
Home or other Phone Number:	<input type="checkbox"/> Ok to phone	<input type="checkbox"/> Ok to leave a message
UNTD email address:		
Preferred method of Contact:	Cell phone	Email
EMERGENCY CONTACT:		
NAME:	Relationship:	Phone ()
Street Address:		Apartment #
City	State	Zip Code
OTHER INFORMATION: Check yes for those groups that apply to you and answer the corresponding follow-up questions.		
Veteran	Branch of Military	Time of Service
International Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country:
Transfer Student	Transferred from:	
First Generation Student	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred By:		
Self Professor Dean Advisor Medical Provider Parent Friend Other		

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If Self, How did you hear about our services:			
Academic Information			
Academic Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Undergraduate Degree	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		
Graduate School:			
JD (law school)			
<input type="checkbox"/> First Year	<input type="checkbox"/> Second Year	<input type="checkbox"/> Third Year	<input type="checkbox"/> Fourth Year
Semester:	Course load this semester	Undergrad GPA: COL GPA:	
Disability Information:			
<input type="checkbox"/> Deaf, Hard of Hearing	<input type="checkbox"/> Blind/Visual Impairment	<input type="checkbox"/> Speech Impairment	
<input type="checkbox"/> Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Learning Disability/ Dyslexia	<input type="checkbox"/> Epilepsy or other seizure disorder	
<input type="checkbox"/> Emotional/Psychological Disorder	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Neurological Disorder	
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Traumatic Brain Injury	
<input type="checkbox"/> 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 you for more than 6 months, this is not covered under disability legislation. Disability Services will work with these individuals to accommodate their needs, though).		
When your disability was originally diagnosed?			
Do you receive services from the following agencies?			
<input type="checkbox"/> Veterans Administration	<input type="checkbox"/> TWC – Vocational Rehabilitation Services	<input type="checkbox"/> TWC – Services for the Blind/Visually impaired	
Accommodation History:			

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List all accommodations you used BEFORE coming to UNT Dallas. Please describe the accommodation, where it was used and when:

If applicable, list all accommodations that you have used since attending UNTD. Please describe the accommodation, where it was used and when:

Did you receive accommodations on a state mandated or higher education entrance exam (i.e., SAT, ACT, GRE, GMAT, and LSAT)? If yes, please describe the accommodations that were provided.

Accommodation Requests:

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

<input type="checkbox"/> Alternative Text (textbooks)	<input type="checkbox"/> Note taker for class
<input type="checkbox"/> <i>Audio</i>	<input type="checkbox"/> Reader for Exams
<input type="checkbox"/> <i>Braille</i>	<input type="checkbox"/> Scribe for an Exam
<input type="checkbox"/> <i>E-Text</i>	<input type="checkbox"/> Priority Registration
<input type="checkbox"/> <i>Large Print</i>	<input type="checkbox"/> Reduced Course load
<input type="checkbox"/> Distraction Reduced Testing Environment	<input type="checkbox"/> Sign Language Interpreter
<input type="checkbox"/> Digital/Audio recording of class (recorder not provided)	<input type="checkbox"/> Enlarged Print on all handouts given to the class. Preferred font size: _____
<input type="checkbox"/> Extended time: 1.5x	<input type="checkbox"/> Furniture Accommodation: (describe)

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<input type="checkbox"/> Extended time: double	<input type="checkbox"/> CCVT
<input type="checkbox"/> Other:	
<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 understand that accommodations determinations by UNT Dallas do not guarantee that any particular accommodations will be granted by anyone outside of the University including but not limited to other learning institutions or testing entities such as a State Bar or licensing agency.

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

Signature/Date: