



DISABILITY NOTIFICATION & ACCOMMODATION REQUEST FORM

PERSONAL INFORMATION

The completion of this form is voluntary, and the information provided shall be kept confidential. This information will enable the university to provide assistance in securing accommodations for students with disabilities.

Student ID#: _____ Semester of Enrollment: _____
Name: _____ Preferred Name: _____
Mailing Address: _____

Phone (home): _____ Phone (cell): _____
Email Address: _____
DVR Client? _____ Yes _____ No
Project Success Client? _____ Yes _____ No

TYPE OF DISABILITY

- | | |
|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Mobility Disability |
| <input type="checkbox"/> Brain Injury | <input type="checkbox"/> Psychological Disability |
| <input type="checkbox"/> Health Impairment | <input type="checkbox"/> Temporary Disability (Explain below) |
| <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Visual Disability |
| <input type="checkbox"/> Other (Explain below) | |

See Other Side -->

REQUESTED ACCOMMODATIONS

Please indicate which auxiliary aids, specific accommodations, or academic adjustments are necessary in order for you to participate in, obtain equal access to, or receive benefits from the educational programs and activities that are offered by the University of Wisconsin Oshkosh (refer to the pink sheet regarding services available). Please provide official documentation regarding your disability and official verification of the need for specific accommodations.

As evidenced by my signature that is affixed below, I hereby authorize and request the exchange of information, records, and documentation between my counselor at the Division of Vocational Rehabilitation, learning disabilities specialist, psychologist, psychiatrist, physician, or other health care specialist and the Dean of Students Office at the University of Wisconsin Oshkosh.

I further request these offices to discuss my personal, medical, and educational needs as they may relate to my enrollment or participation in course, programs, or activities offered by the University of Wisconsin Oshkosh (this may include discussions with UW Oshkosh faculty concerning recommended accommodations).

Signature: _____ Date: _____

This form and any additional information or questions should be addressed to:

John Palmer, Assistant Dean of Students

Coordinator of Services for Students with Disabilities

University of Wisconsin Oshkosh

125 Dempsey Hall, 800 Algoma Boulevard

Oshkosh, WI 54901-8605

Email: palmerj@uwosh.edu

Phone: 920-424-3100 (general) 920-424-1319 (TDD), or 920-424-2405 (fax)

To ensure timely and effective services, accommodations should be requested at least 8 weeks in advance.

Requests may be made late and efforts will be made to accommodate these, if possible.