



STUDENT CONTACT INFORMATION

Name: _____ Campus: _____
(Print) First Middle Initial Last

Name Used: _____ Pronouns: _____ Student ID: _____

Address: _____ Date of Birth: _____
Street

_____ Preferred Method of Contact? Email
City State Zip Code Phone

Phone Number: _____

Campus Email (primary): _____@uwosh.edu

DVR Client (Dept. of Vocational Rehab.)? Yes No Veteran? Yes No
 Project Success Client? Yes No

***OSHKOSH CAMPUS ONLY:** If requesting accommodations for dyslexia or other language-based disabilities (i.e. reading, writing, and math) please contact Project Success at (920) 424-1033 to determine eligibility before submitting this form

ACADEMIC INFORMATION

What is your current class standing? Freshman (0-29 cred.) Sophomore (30-59 cred.)
 Junior (60-89 cred.) Senior (90+ cred.)

What semester and year did you first enroll at UW-Oshkosh? Fall Spring Summer _____
Year

Check all that apply: Part-time Full-time Transfer Student Online Student Graduate Student

DOCUMENTATION

In order to be determined eligible to receive accommodation services, the student must submit documentation from a qualified professional that verifies that a condition exists that substantially limits a major life activity (i.e. walking, seeing, breathing, hearing, learning, communicating, etc.). *Please keep in mind that a high school IEP or 504 plan alone will not necessarily be sufficient documentation for eligibility purposes, depending upon the content and the identified disability.*

Check one:

MY DOCUMENTATION IS ENCLOSED

I HAVE PREVIOUSLY SUBMITTED MY DOCUMENTATION TO STUDENT SERVICES

I WILL BE SUBMITTING MY DOCUMENTATION

If you have any questions regarding appropriate documentation, please contact:
 The Accessibility Center Phone: (920) 424-3100 or Email: accessibilitycenter@uwosh.edu

NEED FOR ACCESSIBILITY SERVICES

TYPE OF DISABILITY

- | | |
|--------------------------|--------------------------------------|
| ADHD | Learning Disability |
| Autism Spectrum Disorder | Mobility Impairment |
| Brain Injury | Psychological Disability |
| Health Impairment | Visual Impairment |
| Hearing Impairment | Temporary Disability (Explain Below) |
| Other (Explain below): | |

ACCESSIBILITY SERVICES REQUESTED

I am requesting the following classroom and campus accessibility service(s):

Specify:

I give my permission for information regarding my Individualized Accommodation Plan to be shared with the following individuals. I understand that I can submit a written statement revoking or changing this authorization at any time.

Parent or guardian: _____

Other: _____

I give permission for my accommodation plan to be shared with testing services.

Yes

No

N/A

Submission of this request does not imply you will receive services. In addition to this application, in order to be eligible for disability related services, students must have a documented disabling condition as defined by the Americans with Disabilities Act of 1990 (ADA), ADA Amendments Act 2009 and Section 504 of the Rehabilitation Act of 1973.

STUDENT SIGNATURE: _____ DATE: _____

Please submit completed and signed form to your Campus Contact for Student Accessibility Services