



Student Responsibilities

Students desiring accommodations for a disabling condition are responsible for providing acceptable documentation to the Director of Student Disability and Testing Services. Acceptable documentation must have been produced by a licensed professional qualified to make the respective diagnosis and must usually be dated within the last three years. Any documentation submitted to the University for consideration must be provided in a timely manner prior to the period of stated need. Accommodations are not retroactive.

Student Information

Completion of this form is required to request accommodations. Providing this information will help UMHB in offering effective, reasonable accommodations in a timely manner to assist you as a student.

UMHB Student ID# _____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

UMHB Email: _____

Current Classification: _____

Full-time or part-time student: Full-Time Part-Time

Where will you live while attending UMHB? On-Campus Off-Campus

Local Address: _____

What semester are you requesting accommodations for? _____ Year: _____

Disability Diagnosis:

Date of Disability Diagnosis: _____

Type of Documentation:

Diagnostic Testing Letter from Physician 504 Plan Other: _____

What specific accommodations are you requesting?

How has your disability helped or hindered your academic progress and/or your daily living activities?

Acknowledgment

By signing my legal name below, I declare that the information I have provided is current and truthful. I also declare that I understand my responsibilities as a student to provide current, valid documentation of my disability as stated above. I understand that the accommodations granted by UMHB may differ than the accommodations requested on this form.

Student Signature: _____ **Date:** _____

Parent Signature (If student is minor): _____ **Date:** _____