



**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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May we call you at this number?  Yes  No

Home Phone: \_\_\_\_\_ May we call you at this number?  Yes  No

UMHB Email: \_\_\_\_\_

Are you a current student at UMHB?  Yes  No

What is your major? \_\_\_\_\_

What is your current classification?

Freshman  Sophomore  Junior  Senior  Masters  Doctoral  Other

Are you a full-time or part-time student?  Full-Time  Part-Time

Where do you live?  Off Campus  On Campus

If living on campus, where? \_\_\_\_\_

**What semester are you requesting accommodations for?**

**Semester:**    Fall    Spring    May    Summer 1    Summer 2

**Year:** \_\_\_\_\_

**Disability Information?** (please describe and be specific)

---

---

---

---

**What type of documentation do you have?** (please select all that apply)

Diagnostic Testing   Letter from Doctor   504 Plan   Other: \_\_\_\_\_

**What specific accommodations are you requesting?** (please describe and be specific)

---

---

---

---

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

---

---

---

**Acknowledgment**

By checking this box and signing my 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 in this form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Written Signature Required)

**Parent Signature (If student is Minor):** \_\_\_\_\_ (Written Signature Required) **Date:** \_\_\_\_\_

**Office Use Only:** Date Received: \_\_\_\_\_