



Office of Disability Services

Student Application

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

UI Number _____ Date of Birth _____ Sex _____

Citizen of what country _____

Veteran Branch _____ Dates of Service: From _____ To _____

Emergency Contact _____

If Under 18, Name of Parent/Guardian _____

Address _____

Phone _____

Please list the last school/university attended: _____

Please list accommodations used at previous institutions: _____

Diagnosis and Nature of Disability

Please describe the nature, severity, and the functional limitations associated with each disability for which services are requested along with accompanying diagnosis:

Please list any auxiliary aids that accommodate your disability:

Are you interested in training on the Adaptive Technology available at UIS?
(No charge for this service) Yes ____ No ____

Financial Sponsorship

Applicants should respond to this portion of the application to the best of their knowledge rather than delay the return of the application.

UNIVERSITY ATTENDANCE IN PART OR WHOLE WILL BE UNDER AUSPICES OF:

The Illinois Department of Rehabilitation Services (DORS) or other comparable State/Federal Agency.

Tuition Yes ____ No ____

Books Yes ____ No ____

Maintenance Yes ____ No ____

Other Sponsorship _____

DIVISION OF REHABILITATION COUNSELOR:

Name: _____ Title: _____

Street: _____ City & State: _____ Zip: _____

Applicant's Signature

Date

In order for the office of Disability Services to obtain student evaluations, psychological reports, transcripts, and medical reports, this form must be on file in the Records Office.

I, the undersigned, authorize release of my reports to authorized personnel at the University of Illinois-Springfield.

Applicant's Signature

Date

Parent/Guardian if student is under 18 years of age

Parent/Guardian Signature

Date

(For office use only)

Disability _____

Curriculum _____

Accommodations _____

AT Intake & Training _____

LD Accommodations _____

Note: Prospective students are urged to complete and return this application well in advance of the semester services are requested for. This application, along with supportive medical documentation, is required to determine accommodations.

Signatures are required on all applications.

Please return to: Susy Woods, Visiting Director of Disability Services
UIS—Office of Disability Services, One University Plaza HRB-80
Springfield, IL 62703 or Fax to (217) 206-7154