# UNIVERSITY OF ILLINOIS SPRINGFIELD DISABILITY SERVICES

**RE - APPLICATION FOR SERVICES**

UIN Date:

Last Name

First Name

MI

Gender: Male

Female

Other

Date of Birth

***Permanent Address*** City State Zip Permanent Phone ( ) Country of Citizenship Campus/Cell Phone ( ) Email Address **Campus Address** City State Zip Name of Parent/Guardian Contact Information **Student Information:**

Undergraduate Graduate Anticipated graduation date Are you a Veteran of US Military Services? Yes No **RACE/ETHNICITY (optional for statistical purposes)**

Are you Hispanic or Latino? Yes No

# Select one or more races:

 American Indian/Alaska Native Asian Black/African American

 Native Hawaiian/Other Pacific Islander White/Caucasian

# Academic Accommodations:

Requesting same Academic Accommodations as last semester? Yes No (see below) If you answered NO - Please see documentation guidelines for additional accommodations

# Service Animal (SA) and/or Emotional Support Animal (ESA)

Is your SA/ESA the same SA/ESA as you had last semester? Yes No (see below) If you answered NO - Please contact your Disability Specialist