

Student Disability Services Application

Dear Student:

Thank you for your interest in the services offered by The University of Iowa's Office of Student Disability Services (SDS). It is important that you complete and return this application along with documentation of your disability. Please refer to the documentation guidelines for your disability for specific requirements.

- For current University of Iowa students, you should complete this application and submit documentation as soon as you are aware of a disability-related need for services. The completion of this form and submission of necessary documentation allows us to work with you in planning effective academic accommodations during your tenure as a student at The University of Iowa.
- For applicants to The University of Iowa, documentation review will not begin until confirmation of your admission to The University of Iowa and that your acceptance fee has been paid.

Please note that your request for services will not be reviewed until both a completed request form and appropriate documentation are on file at SDS. Information provided to SDS is considered confidential. SDS staff will verify that documentation is on file at SDS and will discuss your accommodations only with faculty and University staff on a need to know basis.

Name _____ Male _____ Female _____ Trans _____

UI ID# _____ Hawk ID _____ DOB _____

Ethnicity: Caucasian Latino/Latina Asian American African American Native American
 Multi-Ethnic/Racial Other _____ International Student

Local Address _____

City _____ State _____ ZIP _____

Local Phone _____ Cell Phone _____

UI Email _____

****SDS will use uiowa.edu address for all official email contact****

Non-School Contact Information, if different from above:

Street _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Current U of I student:

Freshman Sophomore Junior Senior Grad/Professional

Students in Medical, Law or Dental School need to contact their respective college for accommodations.

DISABILITY INFORMATION

Please describe your disability and how it affects you academically.

What types of accommodation would help for your disability?

Do you work with a vocational rehabilitation counselor? Name _____

Address _____ Phone _____

Student Signature: _____ **Date:** _____

Please allow two (2) weeks for review once this completed form and the documentation have been received by the SDS office.

Please send this completed form and documentation to:

**Student Disability Services
The University of Iowa
3015 Burge Hall
Iowa City, IA 52242-1214
sds-info@uiowa.edu
Fax: 319-335-3973**