

301 N. Clinton St. 3015 Burge Hall lowa City, lowa 52242-1214 319-335-1462 Fax 319-335-3973

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. Accommodations take time to implement and may not be available immediately, particularly at the end of a semester. 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 Fe	male Trans
UI ID#	H	awk ID	DOB	
Ethnicity: Caucasian	☐ Latino/Latina	☐ Asian American	☐ African American	☐ Native American
☐ Multi-Ethnic/Racial	Other			☐ International Studen
Local Address				
City				
Local Phone			Cell Phone	
UI Email	**SDS will use uio	wa.edu address for all c	fficial email contact**	
Non-School Contact Infor	mation, if different t	from above:		
Street				
City			State	ZIP
Phone		Email		
Current U of I student:	re □ Junior □ Ser	ior □ Grad/Professio	nal	

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 ____

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

Student Signature: _____ Date: _____

Please send this completed form and documentation to:

Student Disability Services
The University of Iowa
3015 Burge Hall
Iowa City, IA 52242-1214

Or email to: sds-info@uiowa.edu