

Date of In-Take _____
DSP Staff _____

Disability Services Program – Student In-Take

- Undergraduate Graduate Student LEP
 Univ. College Women's College Law School

General Information

Name: _____ DU ID _____ D.O.B. _____

Campus Address: _____ Zip _____

Phone(s): (h) _____ (c) _____ E-mail address: _____

Permanent Address: _____ City: _____ State _____ Zip _____

Phone(s): (h) _____ (c) _____

Academic Information

Major: _____ Degree Pursued _____ Full-time
 Part-time

Quarter/YR Admitted to DU: _____ Quarter/YR DSP Services Began: _____

Additional Information

University of Denver – University Disability Services

<input type="checkbox"/> 1 st time Request
<input type="checkbox"/> Additional Request
<input type="checkbox"/> Appeal of Denial

Request for Accommodation(s)

Name: _____ DU ID: _____

In accordance with the Americans with Disabilities Act and Section 504, The Rehabilitation Act of 1973, the University of Denver provides accommodations to qualified students with disabilities. The assessment of appropriate accommodations is based on the types of limitations manifested by a particular disability and may differ for each student. The student must request accommodations and disclose his/her disability before any accommodation can be implemented.

All accommodations provided are based upon individual needs as reflected in documentation and/or information related to the student's disability or functional limitations. The University may require further documentation to substantiate the request for accommodations. The Disability Services Program Coordinator or Learning Effectiveness Program Academic Counselor will need time to review your request.

Primary Disability:

Secondary Disability(ies):

Functional Limitation(s) – How does your disability affect your academic work?:

Requested Accommodations (be specific):

Do you take any medication and/or experience any side effects that may impact learning/concentration?
No___ Yes___

Medication(s) & Dosage(s) _____

Side effects which may impact learning/concentration:_____

The University of Denver holds these requests confidential. They are not included in your permanent record.

Student Signature _____	Date _____
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UNIVERSITY DISABILITY SERVICES

FACULTY/STAFF RELEASE OF INFORMATION

I understand that the professional staff of University Disability Services at the University of Denver will communicate with University of Denver faculty and staff members relevant information about my disability when it pertains to the accommodations or services/assistance that I am eligible for.

I understand that any data regarding demographics, disability classification, and academic performance may be used for research purposes and that my name and DU identification number will be kept confidential.

This release of information will be in effect for as long as I need or potentially need services from University Disability Services at the University of Denver.

Name (please print)

DUID Number

Signature

Date

**UNIVERSITY OF DENVER
UNIVERSITY DISABILITY SERVICES**

PARENT/GUARDIAN RELEASE OF INFORMATION

I understand that the professional staff of University Disability Services at the University of Denver may release to my parents or legal guardian(s) information concerning my academic standing.

1. Primary Contact: Name(s) of parents or legal guardian(s)

Address, phone number and email of parents or legal guardian(s)

Phone _____ email _____

2. Secondary Contact: Name(s) of parents or legal guardian(s)

Address, phone number and email of parents or legal guardian(s)

Phone _____ email _____

This release of information will be in effect for as long as I am receiving accommodations and/or services from University Disability Services at the University of Denver.

Signature

Date

Name (please print)

DUID Number

*** Decline Release – Student Initial and Date:** _____

UNIVERSITY OF DENVER
HANDBOOK FOR STUDENTS WITH DISABILITIES
AGREEMENT

It is very important that you are aware of the University's policies and procedures regarding the arrangement of appropriate accommodations for your disability. Therefore, when you receive your copy of the *University of Denver Handbook for Students with Disabilities*, we ask that you sign this agreement. The *University of Denver Handbook for Students with Disabilities* is available online at <http://www.du.edu/disability> or on cassette tape, computer disc, or large print if requested.

I have received a copy or been offered access to the 2006-2007 *University of Denver Handbook for Students with Disabilities*. I agree to read sections of this handbook that are pertinent to the arrangement of accommodations that have been approved through the Accommodation Request process. If accommodations that have been determined to be appropriate are not described in the Handbook, I agree to contact and consult with an appropriate Disability Services Program or Learning Effectiveness Program staff member regarding the specific procedures for that accommodation.

_____ Student Name (please print)	_____ Date
_____ Student Signature	_____ Student ID Number

Handbook also available at

www.du.edu/disability

