
FORMAL REQUEST FOR ACCOMMODATION

As a student of the University of North Texas Health Science Center (UNT Health Science Center) and an individual claiming to have a permanent disability (hereinafter referred to as “disability”), I hereby designate the Center for Academic Performance (CAP) to be the holder of record for documentation of my disability and request that accommodations which are appropriate to my disability, and reasonable in the context of the academic and student service environment under the American with Disabilities Act (ADA), be provided to me by applicable entities at the UNT Health Science Center. **By signing this form**, I give the CAP Office permission to disclose my status as a student with a disability/ies to instructors. I understand that this form must be filled out accurately and completely to ensure timely processing of the request. I realize that this application for academic accommodations as an individual with a disability will remain a part of my permanent record in this office.

Please type or print clearly

Academic Information:

School: _____ Class of _____

Personal Information:

Date: _____

Name: _____ Student ID: _____

Local Address:

Permanent Address (Home):

City: _____

City: _____

State: _____ ZIP: _____

State: _____ ZIP: _____

Tel.: _____

Tel.: _____

Cell Phone: _____

UNTHSC Email: _____

Emergency Contact Person: _____

Emergency Telephone: _____

Sex (M/F): _____ Birth Date (MM/DD/YYYY): _____

Ethnicity: (please circle one)

African American Asian/Pacific Islander Hispanic Native American White other

Disability Information

Disability(ies): _____

Requested accommodation(s):

Semester during which you are requesting these accommodations: _____

NOTE:

Letters must be picked up at the CAP Office and hand delivered to the instructor each semester.

Accommodations are effective upon approval of accommodation by your instructor. Accommodations do not automatically carry over into the next semester. This form must be turned in at the beginning of each semester to the CAP Office in order for accommodation letters to be created. If you are requesting new accommodations or accommodations different than last semester call (817-735-2134) to speak with this office.

Student's Signature _____

Date _____

*Center for Academic Performance
Disability Accommodations
Carl E. Everett Education & Administration Building, Room 260
3500 Camp Bowie Blvd, Fort Worth, TX 76107
817-735-2134 Fax: 817-735-0263
www.unthsc.edu/CAP*