

UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE

CONFIDENTIAL INFORMATION

AY 2009-2010: STUDENT DISABILITY AND ACCOMMODATION REQUEST FORM

Directions: Students who wish to request reasonable accommodation under the Americans with Disabilities Act *must* complete this form. Please provide all of the requested information. **TYPE OR PRINT LEGIBLY.** The form will be returned to you if it is not complete. Students also should review "Procedures for Students Requesting Reasonable Accommodation Under the Americans with Disabilities Act." Review the information on this form with your site Americans with Disabilities Act (ADA) administrator. After you complete the form, sign it and obtain the signature of your site ADA administrator. Give the completed and signed form to your site ADA administrator, who then will forward it to the College of Medicine ADA officer. *The completed form must be received by the College of Medicine ADA officer at least one month in advance of the date of the requested accommodation.*

(1) NAME	(2) SOCIAL SECURITY NUMBER	(3) CURRENT DATE	(4) SITE: _____ (5) CLASS IN MEDICAL SCHOOL: _____
(6) LOCAL ADDRESS		(7) LOCAL TELEPHONE NUMBER	
(8) NAME OF ADVISOR (OPTIONAL)		(9) ADVISOR'S TELEPHONE NUMBER (OPTIONAL)	
(10) PROVIDE A SUCCINCT DESCRIPTION OF YOUR DISABILITY:		(11) BRIEFLY DESCRIBE DOCUMENTATION TO SUPPORT DIAGNOSIS OF DISABILITY; INCLUDE NAME, TITLE, ADDRESS, AND TELEPHONE NUMBER OF INDIVIDUAL WHO PERFORMED DIAGNOSTIC EVALUATION AND <u>ATTACH THE DOCUMENTATION</u>	

<p>(12) HAVE YOU PREVIOUSLY REQUESTED ACCOMMODATION BECAUSE OF A DIAGNOSED DISABILITY? IF SO, BRIEFLY DESCRIBE THE ACCOMMODATIONS YOU RECEIVED:</p>	
<p>(13) BRIEFLY DESCRIBE HOW YOU BELIEVE YOUR DISABILITY SUBSTANTIALLY LIMITS A MAJOR LIFE ACTIVITY AND IMPACTS YOUR ABILITY TO FULFILL ACADEMIC REQUIREMENTS:</p>	<p>(14) SPECIFY THE ACCOMMODATIONS SOUGHT AND IDENTIFY HOW THEY WILL HELP YOU FULFILL ACADEMIC REQUIREMENTS (Attach additional pages, if necessary):</p>
<p>(15) IDENTIFY THE ACADEMIC YEAR FOR WHICH ACCOMMODATIONS ARE SOUGHT (Accommodations must be requested each Academic Year).</p>	<p>(16) PLEASE SPECIFY ANY OTHER RELEVANT INFORMATION:</p>

Student's Signature

Date

Advisor's Signature (OPTIONAL)

Date

Site ADA Administrator's Signature

Date

Date sent to College of Medicine ADA Officer by site administrator:
