

## Campus & Student Life Student Disability Services

5501 S. Ellis Avenue, Chicago, IL 60637 •773.702.6000• disabilities.uchicago.edu

## STUDENT REQUEST FOR ACCOMMODATIONS

First N	Vame	Middle Name	Last Name	
UChicago Student ID#		Prog	ram (College, SSA, etc.)	
Phone Number			il Address	
Address			State, Zip Code	
1)	Please indicate your	diagnosis/condition, v	which is the basis for your accomm	odation request
2)		nmodations you are rec sing and/or transportati	questing at the University of Chicag on needs.	go, including
3)	accommodations us were approved for a	ed before, and the nam	mmodations before? If so please list of the institution where they were SAT, ACT, or GRE, please providions	e used. If you



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4)	Do you use any assistive technology and/or software (Braille, January Naturally Speaking, etc.)? If so please list them, and indicate if y systems with you to the University of Chicago.	
5)	Please indicate if you plan to bring to the University of Chicage Eye Cane, a Personal Assistant, wheelchair, or any other form of	
6)	In regards to extracurricular activities, fitness and recreation, ar accommodations you would like to request?	e there any specific
7)	Is there any other information you feel we should know in regardencerns?	rds to considering your access
Your S	Signature To	day's Date