



STUDENT DISABILITY INFORMATION RECORD AND FORMAL REQUEST FOR ACCOMMODATIONS

As a student claiming to have a disability (hereinafter referred to as "disability"), I hereby designate the Office of Adaptive Services to be the holder of record for documentation of my disability. I further request that accommodations which are appropriate to my disability, and reasonable in context of the academic and student service environment under the Americans with Disabilities Act, be provided to me by appropriate entities at Florida Gulf Coast University. I realize that this application for special accommodations as a student with a disability will remain a part of my permanent record in this office.

Today's Date: _____

Date of Birth: _____

University ID: _____

Name: _____

Permanent Address: _____

Local Address: _____

Phone #: (H) _____ (C) _____ (O) _____

Email: _____

Intended Major: _____

Type of Disability: _____

Current Disability-Related Medications: _____

Accommodations and Services Preferred: _____

I understand that before accommodations can be provided, I must furnish current documentation of my disability from a professional who is licensed/certified in a field applicable to my disability. This documentation will be used as a matter of information regarding accommodations and services that may be appropriate and reasonable in the



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context of the academic and student service environment. Should documentation I furnish be more than three years old, I understand that it is my responsibility to update my documentation within one month of the date of the submittal of the request for accommodations and that failure to do so may result in an interruption of accommodations or services.

Should FGCU have reason to question the accuracy of any documentation which I furnish, I understand that FGCU has the right to require me to obtain a second opinion by consulting a licensed/certified professional in a field applicable to my disability for additional verification. Should this second opinion contradict the first opinion or be inconclusive, I understand that FGCU has the right to require me to obtain a third opinion from an equally qualified professional.

Release of General Information

I understand that it will be necessary for the Office of Adaptive Service (OAS) to share certain routine, general information regarding my disability with FGCU personnel who have a legitimate need to know. I understand that my application for service authorizes OAS (at its discretion) to provide such information, but that when provided, it will be marked as confidential and will be limited to the following:

- a) The generic term (or its equivalent) for my disability.
- b) General information about how the disability affects my academic or personal performance
- c) Information about my learning modality and recommendations for specific accommodations.

Student's Responsibility

Students receiving services are expected to act as independent, self-directing, responsible adults with regard to their student status. OAS does not serve in a "Loco Parentis" nor a caretaker role. The student must accept full responsibility for meeting applicable university standards with regard to behavior, academic performance and autonomy. If the nature or severity of the disability changes, it is the student's responsibility to update documentation so that it accurately addresses current accommodation requirements.

I have reviewed the foregoing disability information sheet and formal request for accommodation and agree to all the terms and conditions stated herein.

Student's Signature _____

Date: _____