Disability Disclosure Form

The University of Tampa is committed to equal access and does not discriminate unlawfully against persons with disabilities in its policies, procedures or programs. The University recognizes its obligations under the Rehabilitation Act of 1973 and the Americans with Disabilities Act to provide an environment that does not discriminate against persons with disabilities.

A student who requires an accommodation for any disability must personally fill out the form below and provide appropriate documentation (e.g., statement from a doctor or full psychological evaluation) that is no more than three years old. Please note that IEPs are not acceptable for colleges and universities. Before you submit this form and your documentation, please review the complete policy for requesting accommodations at: http://www.ut.edu/disabilities. Applicants who provided such material with their admissions packet must resubmit it if they wish to receive accommodations.

All materials submitted are confidential. If you do not have a disability, please do not return this form.

Date_____________________________ Student I.D. Number____________________________

Student’s Name ____________________________________________________________________

Last First Middle Initial

Address ____________________________________________________________________________

City __________________ State/Country______ Zip/Postal Code____________

Telephone Number__________________________ E-mail____________________________________

Nature of Disability ___________________________________________________________________

Accommodations Desired________________________________________________________________

__________________________________________________________________________________

Signature of Student___________________________________________________________________

Requests will be considered only when the form is complete (please type or print) and all documents are received. Completed requests should be received at least two weeks prior to the student’s enrollment.

RETURN THIS FORM TO THE OFFICE OF STUDENT DISABILITY SERVICES