

Physical, Sensory, and/or Health-Related Disability Documentation

Students with documented disabilities have the right to request information and necessary accommodations from the Universities of Wisconsin as stipulated in Section 504 of the Rehabilitation Act and in the Americans with Disabilities Act. Please provide documentation of the student's disability as it relates to their request for reasonable accommodation in their Independent Learning courses.

Student Name (Last, First): _____

1. Diagnosis: _____

2. Date of initial diagnosis: _____ 3. Date of last contact with the student: _____

4. Level of severity: mild moderate severe

5. If student is taking medications related to this condition, please list: _____

6. Description of student's functional limitations as a result of this condition and how they might impact this student's academic activities i.e. reading, notetaking, concentration, memorizing, interpersonal communications, etc.

Signature: _____

License #: _____

Print name and Title: _____

Address: _____

Phone: _____

Date: _____

Please return completed form to the student.
For questions regarding the form, please reach out to us at:

Email: AccessibilityServices@uwex.wisconsin.edu

Website: il.wisconsin.edu

Toll Free: 1-877-UW-LEARN (895-3276)

Local: 608-262-2011