University of Central Florida
Student Disability Services
Ferrell Commons, Room 132
Orlando, FL 32816-0161
Phone: 407-823-2371
Fax: 407-823-2372

For SDS office use only:
Date received:_____ Staff _____

Fax Email Mail Drop off

Student Parent Other _____

Request for Documentation Review

I request that the disability documentation I have submitted to the University of Central Florida, along with this form be reviewed to determine my eligibility for academic accommodations at UCF. By signing this document I am also granting permission to Student Disability Services to contact the qualified professional who wrote the documentation. I understand that SDS may take up to ten (10) business days to review my documentation.

Current UCF Students:

I am currently a UCF student: No Yes UCF Campus: _____

I am a: (circle one) Freshman Sophomore Junior Senior Grad student

Freshmen and Transfer Students:
I have been admitted to UCF: No Yes Admit Term: _____

I am a: (circle one) Freshman Sophomore Junior Senior Grad student

If known, please indicate which UCF campus you will be primarily attending, including Orlando and Rosen College:

Academic accommodations will not be provided until current documentation is on file at SDS and the Intake Interview appointment has been completed.

Student Contact Information

Cell Phone: _____ Alternate Phone: _____

Email: _____

Mailing Address: _____

_____

_____ Date _____
Student's Signature

_____ PID _____
Student Name