

# University of Colorado at Boulder – Disability Services

## Application and Request for Services and Accommodations (to be completed by student)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

CU Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

CU Email: \_\_\_\_\_@colorado.edu Other Email: \_\_\_\_\_

Major: \_\_\_\_\_

Are you a client of the Division of Vocational Rehabilitation?  No  Yes - If yes, please list your DVR counselors name and phone number: \_\_\_\_\_

### Disability and Current Impact

*In addition to reviewing your documentation, your answers to the following questions will assist us in understanding the current impact of your disability.*

1. What is your diagnosis/medical condition? \_\_\_\_\_

2. Describe how your disability currently impacts you in:

a.) School: \_\_\_\_\_

b.) Work: \_\_\_\_\_

c.) Social/Personal: \_\_\_\_\_

3. What accommodations are you requesting? (Include academic, physical, communication access needs, residential access issues, etc.)

Accommodation

Reason

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Academic History

1. Describe your strengths, weaknesses and special interests.

\_\_\_\_\_

\_\_\_\_\_

2. Did you attend a -  public OR  private high school? Name of school: \_\_\_\_\_

Are you transferring to CU from another college or university?  No  Yes - Name of school: \_\_\_\_\_

3. Did you have an IEP, 504 plan or some other school-based support?  No  Yes - If so, **please submit a copy or verification letter with this form.**

4. What were your grades or GPA in high school or any other undergraduate studies?

\_\_\_\_\_

\_\_\_\_\_

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## Academic History Continued

5. Are you taking any medication or have you participated in any therapeutic interventions (etc., therapy, coaching, support services, etc.) to manage your condition? If so, please describe whether these were effective or ineffective.

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6. Approximately how many hours a week do you spend studying/preparing for school?

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7. Besides formal accommodations, do you feel you will need additional support services (tutoring, writing assistance, assistance with time management/organization, informal academic advising, reading strategy, study skills assistance, etc)?

## Informed Consent for Information Release

Student ID: \_\_\_\_\_ I, \_\_\_\_\_ hereby authorize Disability Services at the University of Colorado at Boulder to discuss, either in writing or orally, my academic adjustments or accommodations with appropriate administrators, instructors, professors, and third-party service providers as deemed necessary by CU Disability Services staff for the purpose of providing and/or coordinating services for me.

I would like to **add** the following person(s) to this release: \_\_\_\_\_

I would like to **exclude** the following person(s) to this release: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

***(If no date is listed, this release will remain in effect while you are a student attending CU-Boulder)***

Your request for services and accommodations must be submitted with formal documentation. Both documentation and this request must be received before a review by the committee can proceed. Please do not submit the original copy of your documentation. All records held by Disability Services are destroyed five years after a student leaves CU-Boulder.

Please submit this form to our office via one of the following:

**Mail:**  
Disability Services  
University of Colorado at Boulder  
107 UCB  
Boulder, CO 80309-0107

**Fax:**  
303-492-5601

**In Person:**  
Disability Services  
Center for Community (C4C)  
Suite, N200  
Phone: 303-492-8671

**Email:**  
dsinfo@colorado.edu