



## **DISABILITY SERVICES APPLICATION VOLUNTARY DISCLOSURE**

Dear Student,

Thank you for your interest in the services offered by Upper Iowa University's Disability Services Office (DSO). It is important that you complete and return this application along with documentation of your disability. Please refer to the documentation guidelines for your specific disability requirements.

- For Current UIU students, you should complete this application and submit documentation as soon as you are aware of a disability-related need for services. The completion of this form and submission of necessary documentation allows us to work with you in planning effective academic accommodations during your time as a UIU student.
- For applicants to Upper Iowa University, documentation review will not begin until confirmation of your admission to Upper Iowa and that your acceptance fee has been paid.
- It is the student's responsibility to schedule an appointment with the Director of Disability Services to discuss available accommodations.

Please note that your request for services will not be reviewed until both a completed request form and appropriate documentation are on file with our office. The DSO will verify that documentation is on file at DSO and will discuss your accommodations only with designated advisors, faculty, and staff noted on the release of information form. Information provided to DSO is considered confidential.

### **DEMOGRAPHIC INFORMATION**

Name: \_\_\_\_\_ Gender:  Male  Female

Student ID: \_\_\_\_\_ Campus Location: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

UIU Email Address: \_\_\_\_\_

Class Status:  Freshman  Sophomore  Junior  Senior  Graduate

### **EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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#### **Student Life**

605 Washington Street — PO Box 1857 — Fayette, IA 52142 — 563.425.5268 — [www.uiu.edu](http://www.uiu.edu)

## DISABILITY INFORMATION

What is the nature of your disability? (Please check all that apply)

- Attention Deficit/Hyperactivity Disorder
- Hearing
- Psychological
- Mobility
- Traumatic Brain Injury
- Medical
- Learning
- Visual
- Other: \_\_\_\_\_

Please describe your disability and how it affects you academically:

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## ACCOMMODATION INFORMATION

What accommodations are you requesting from Upper Iowa University? (Please note that requesting these accommodations does not guarantee you will receive them. The DOS will review your request along with any submitted documentation and determine which accommodation(s) are approved)

- |  |   |
|--|---|
| <input type="checkbox"/> Note Taking Assistance        | <input type="checkbox"/> Interpreters                           |
| <input type="checkbox"/> Preferential Seating          | <input type="checkbox"/> Tape Record Lectures                   |
| <input type="checkbox"/> Books in Alternate Format     | <input type="checkbox"/> Computer (for Essay Exams)             |
| <input type="checkbox"/> Calculator                    | <input type="checkbox"/> No "Scantron" (Write Directly on Exam) |
| <input type="checkbox"/> Extended Time on Exams        | <input type="checkbox"/> Separate/Quite Location                |
| <input type="checkbox"/> Enlarged Text                 | <input type="checkbox"/> Test Read Aloud by Proctor             |
| <input type="checkbox"/> Scribe for Short Answer/Essay | <input type="checkbox"/> Other: _____                           |

Describe any additional information related to accommodations that needs to be considered:

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Please include the appropriate documentation with this application: (Please check all that apply)

- Primary Physician Report
- Psychologist Report
- Psychiatrist Report
- Educational Evaluation
- Psychological Evaluation
- Individual Education Plan (IEP)
- 504 Plan
- Other: \_\_\_\_\_

**Send the completed application and documentation to:**

Disability Services Office  
Upper Iowa University  
605 Washington Street  
PO Box 1857  
Fayette, IA 52142  
Phone: (563) 425-5189  
[disabilityservices@uiu.edu](mailto:disabilityservices@uiu.edu)



## **DISABILITY SERVICES APPLICATION RELEASE AND EXCHANGE OF INFORMATION CERTIFYING DISABILITY**

I hereby release documentation of my disability to Disability Services at Upper Iowa University and to those professionals at the University whom the Disability Services Director consults in order to determine reasonable accommodation.

\_\_\_\_\_(student's initials)

I understand that faculty, staff and other professionals responsible for helping to secure appropriate accommodations will be informed that I have a documented disability, but they will **NOT** be informed of the details of my disabilities unless checked below. \_\_\_\_\_(student's initials)

I authorize the Disability Services Director to disclose and deliver to or to obtain from the individuals, agencies or institutions checked below any and all documentation or the details of this documentation, as well as any other pertinent or appropriate information needed to determine disability-related needs:

- UIU Director of Counseling
- Parents/Guardians (Name(s): \_\_\_\_\_)
- School, agency, organization, or licensed professional in an effort to obtain additional documentation or information related to my disability.

Name of Person or Institution: \_\_\_\_\_

Contact information: \_\_\_\_\_

I understand that this release allows Upper Iowa University to release my disability documentation to and to request my disability documentation from the Person/Institution identified above. I may revoke this authorization at any time by sending written notice to the above named institution. I understand that any disclosure which was made prior to my revocation in compliance with this authorization shall not constitute a breach of my rights to confidentiality. I also understand that any revocation will take effect on the day that it is received by the above named institution. This authorization expires one (1) year from the date which this authorization is signed.

In signing this document I hereby acknowledge that: (1) I have read this entire agreement; (2) I understand its terms; (3) By signing this agreement I am giving up legal rights I might otherwise have; and (4) I have signed this agreement knowingly and voluntarily

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

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

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

Student ID: \_\_\_\_\_

### **Send completed form to:**

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[disabilityservices@uiu.edu](mailto:disabilityservices@uiu.edu)

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## **DISABILITY SERVICES APPLICATION STUDENT ACKNOWLEDGMENT OF RESPONSIBILITIES**

As a student who has provided appropriate documentation to the Disability Services Office office to obtain accommodations, I understand that any accommodations may be offered to me for the opportunity of academic success in the courses required in my program(s) of study. I acknowledge that if I receive a memo of accommodations, and I accept the following as my responsibilities as a student:

1. If I believe I should be provided with additional accommodations, I understand that I must discuss these additional accommodations with the DSO staff, and that I may need to provide additional third-party documentation to support my request for additional accommodations.
2. I understand that I personally must discuss with my instructor(s) the accommodations for which I am eligible, either in person, in writing or via email, or by phone.
3. I understand that I am required to request accommodations every two sessions in which I am enrolled. Accommodations will not be developed and sent to professors if an online request is not made through the Disability Services Office page in MyUIU.
4. I understand that I am responsible for coordinating all test-taking arrangements (proctored extend-time testing, test taken at a different time than the rest of the class, reader for exams, etc.) with my instructors and with the DSO in a timely manner.
5. I agree to arrive on time for all pre-arranged testing, meetings with the DSO staff and/or my instructor(s). Additionally, I agree to provide advance notice if I will be late or absent for such scheduled events.
6. I understand that, in order to maximize my success, I should utilize all other university resources and supports available to me, including but not limited to: tutoring, writing center, my instructors' office hours, my academic advisor's suggestions, etc.

In signing this document I hereby acknowledge that: (1) I have read this entire agreement; (2) I understand its terms; (3) By signing this agreement I am giving up legal rights I might otherwise have; and (4) I have signed this agreement knowingly and voluntarily.

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

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

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

Student ID: \_\_\_\_\_

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