UNIVERSITY OF MIAMI
The Office of Disability Services
ACCOMMODATION REQUEST FORM

Name: _____ *C #*: _____

Current Address: _____

Telephone: _____ Cell Phone: _____

E-mail Address: _____

Permanent Address: _____

Emergency Contact: _____ Phone: _____

☐ Current Student ☐ Incoming Freshman ☐ Transfer student ☐ Exchange/Study Abroad student
☐ Graduate ☐ Online Program

Requesting Services Beginning: ☐ Fall ☐ Spring ☐ Summer A ☐ Summer B

Disability/ Medical Condition: _____

*Services Requesting (Must Complete): _____

_____

AUTHORIZATION TO RELEASE INFORMATION

I _____(*please print*) do hereby authorize the University of Miami Office of Disability Services to release and/or discuss information specifically related to my disability; including but not limited to documentation pertaining to my disability, requests or evaluations regarding accommodations, and auxiliary aids and services, with (*check all that apply*):

_____Members of my family (*specify*):_____

_____ My advisor (*specify*): _____

_____Medical professional (*specify*):_____

**_____
Student Signature Date

****By signing this form you understand that we will not accept this form without your supporting documentation attached to it. Visit our website for appropriate supporting documentation. Accommodations must be requested through ODS prior to June 1st for the fall semester and prior to December 1st for the spring semester. Accommodations for summer and intersession courses must be submitted 6 weeks prior to the first day of classes.**

Office of Disability Services · University of Miami
University Center, Suite 2400
P.O. Box 249003 · Coral Gables, FL 33124
Tel: 305.284.2374 · Fax 305.284.1999 – Website: camnercenter.miami.edu

For Office Use Only
Received:_____
Initialed:_____