

APPLICATION FOR DISABILITY SERVICES FOR STUDENTS WITH DISABILITIES

Completion of this form is voluntary. However, if there is no voluntary disclosure and documentation of disability, CF will not be able to provide academic accommodations.

CF ID No.:				
Legal Name:				
Last		First	Middle (complete)	Jr., etc.
Birth Date:				
MM/DD	/YY			
Mailing Address:				
Street/P.O.	Box	City	State	Zip Code
Telephone No.:	Scl	hool Email (if curren	it student):	
I am a: 🗍 Dual En	rollment Student			
	e-in-college Freshm	nan		
	g/continuing Stude			
Transfer	Student			
Are you currently enro	olled in CF courses?	Yes	No	
If no, when do you pla	an to begin attendir	ng CF?		
	-	Semester	Year	
What is your intended	program of study?			
How did you find out	about Disability Se	rvices?		
Please check the area(s	s) that best describe	es your disability:		
ADD/ADHD		Speech Im	pairment	
Autism Spectrum	Disorder		ness (specify)	
Brain Injury				
Blindness or Low	Vision	Physical Ill	ness (specify)	
Deafness or Hard	of Hearing			
Learning Disorder Other (specify)				
Psychological or N	Aental Disorder			

Check if you ar	e a client c	of a rehabil	itation agency:
7			0 1

Sheek it you are a chefit of a renabilitation agency.
Blind Services
Vocational Rehabilitation
Veterans Administration/Vocational Rehabilitation (Chapter 31)
Other (specify):
Documentation of your disability must be sent to this office. Before submitting your documentation, review the documentation guidelines on the CF website at www.cf.edu/go/assistance/disability/register/doc-guidelines . Important Note: All documentation must be no older than three years.
Are you submitting documentation with this form? Yes No, will send separately If no, when do you intend to submit your disability documentation? <u>MM/YY</u>

Do you suffer from any medical disorder(s) that cause serious reactions we need to be aware of, such as seizures or dysthymia?

What will be your biggest challenge as a college student?

What can we do to help you reach your academic goals?

I understand that I am registering with Disability Services at College of Central Florida and that I may be eligible for services such as information, referral, reasonable accommodations and other individualized services needed for access to courses, programs, activities or facilities. If Disability Services is unable to provide the necessary services I will be referred to other appropriate college or community agencies.

I understand that I will not be eligible for services if I do not provide documentation of a diagnosed disability and functional impairment, do not have a diagnosed disability or do not follow Disability Services guidelines.

I understand that if I request Disability Services to facilitate accommodations on my behalf that staff may need to consult with other CF personnel. To facilitate such requests, I give my permission to have general information shared with appropriate college personnel (e.g., Financial Aid, Academic Advisement or other appropriate staff and faculty). Otherwise, this information remains confidential.

Once submitted to Disability Services documentation of a disability becomes part of my educational record and is subject to the federal Family Educational Rights and Privacy Act and Florida records' regulations. After three years of failure to enroll at CF, the documentation submitted to Disability Services will be destroyed in accordance with Florida regulations.

Student Signature

Date: MM/DD/YY

Return this form to CF Disability Services, Bryant Student Union, Room 204F, 3001 S.W. College Road, Ocala, FL 34474-4415, fax to 352-873-5882 or email <u>disability@cf.edu</u>. Call 352-854-2322, ext. 1421 or 1209 for further information.

College of Central Florida offers equal access and equal opportunity in its employment, admissions and educational activities. The college will not discriminate on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information or disability status in its employment practices or in the admission and treatment of students.