



**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.: _____ **School Email (if current student):** _____

- I am a: Dual Enrollment Student
 First-time-in-college Freshman
 Returning/continuing Student
 Transfer Student

Are you currently enrolled in CF courses? Yes No

If no, when do you plan to begin attending CF? _____
Semester Year

What is your intended program of study? _____

How did you find out about Disability Services? _____

Please check the area(s) that best describes your disability:

- | | |
|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Chronic Illness (specify) _____ |
| <input type="checkbox"/> Brain Injury | _____ |
| <input type="checkbox"/> Blindness or Low Vision | <input type="checkbox"/> Physical Illness (specify) _____ |
| <input type="checkbox"/> Deafness or Hard of Hearing | _____ |
| <input type="checkbox"/> Learning Disorder | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Psychological or Mental Disorder | _____ |

Have you received disability accommodations with us in the past? Yes No

Check if you are a client of a rehabilitation 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? _____
MM/YY

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

What skills do you possess that will help you be successful in college?

What will be your biggest challenge as a college student?

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

If over the age of 18, do you need assistance when voting? Yes No

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 access@cf.edu. Call 352-854-2322, ext. 1580, 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.