

## Annex 1 - Accommodation request form (Confidential):

### Section 1 – Personal Information:

- ID:
- Name:
- Email:
- Major:

### Section 2 – Disability Information:

Kindly select the relevant disability type:

- Mobility / physical impairment, please specify:
- Spinal cord disability
- Brain disability
- Vision disability
- Hearing disability
- Cognitive/learning disability (e.g. dyslexia, dyscalculia), please specify:
- Psychological disorder (e.g. chronic depression, generalized anxiety, bipolar disorder), please specify:
- Invisible disability (ADHD, autism spectrum, epilepsy, migraines, etc.), please specify:

Please provide additional information needed about your case (current treatment, history, etc.):

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Please list the accommodations you are seeking (as per the recommendation of a qualified professional):

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### Section 3 – Certification and Declaration of Consent:

The information provided to USEK’s administration regarding the student’s disability is confidential and will not be connected to your records. However, once the accommodations letter has been processed it will be shared with your head of department, your instructors, the concerned student support officers and USEK employees (if needed).

I certify that the information provided on this form is accurate; and in order to be eligible for the accommodations at USEK I must complete this form, submit the supporting medical documentation and meet with a specialist assigned by USEK (if needed).

Full Name:

Date:

Signature: