The University of Central Florida welcomes members of the campus community and members of the public to participate in the programs and services offered. Alternate formats, assistive devices, and special arrangements are available upon request. Advance notice (at least 72 hours) is recommended for arrangement of the most appropriate service.

Name of requestor: ___________________________ Date of request: ___________________________
UCF Address: __________________________________________________________
UCF Phone number(s): _____________________________________________________
Campus E-mail address: ____________________________________________________

Category of functional impairment needing accommodation (check all that apply):

___ Physical _________________________ ___ Visual impairment
___ Manual dexterity impairment _________________________ ___ Speech impairment
___ Specific learning disability _________________________ ___ Hearing Impairment
___ Mental/Emotional Illness _________________________ ___ Mobility Impairment
___ Other (describe): _________________________

If the disability is not readily observable, a UCF Certification of Health Care Provider for Employee’s Serious Health Condition must be completed by a recognized health practitioner caring for the requestor. The form may be found on the UCF Human Resources website under Forms.

Program or service in which reasonable accommodation is requested: Employment
Accommodation(s) Requested (these will be discussed further with the requestor):

Accommodation(s) granted following analysis:

Approved by: ___________________________ Date: ___________________________
Departmental Representative

Reviewed by: ___________________________ Date: ___________________________
ADA Coordinator

The University of Central Florida is an Equal Opportunity/Equal Access/Affirmative Action institution. Transmit form to UCF OIE office located on Gemini Blvd. S. Suite 123 Orlando Florida. (407)823-1336, E-mail oie@ucf.edu

UCF OIE revised 12/99, 01/02, 03/05, 03/07, 12/08, 4/09 for ADA-AA implementation, 7/10, 6/13, 5/17
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Name of requestor: ____________________________ Date of request: ____________________________

UCF Address: ____________________________

UCF Phone number(s): ____________________________

Campus E-mail address: ____________________________

Category of functional impairment needing accommodation (check all that apply):

___ Physical
___ Manual dexterity impairment
___ Specific learning disability
___ Mental/Emotional Illness
___ Other (describe): ____________________________

___ Visual impairment
___ Speech impairment
___ Hearing Impairment
___ Mobility Impairment

If the disability is not readily observable, a medical certification from a recognized health care practitioner may be requested prior to provision of the accommodation.

Program or service in which reasonable accommodation is requested: Public Access.
Accommodation(s) Requested (these will be discussed further with the requestor):

Accommodation(s) granted following analysis:

Approved by: ___________________________________ Date: ____________________________
Departmental Representative

Reviewed by: ___________________________________ Date: ____________________________
ADA Coordinator

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All academic requests are administered through Student Disability Services. This office is a part of Student Development and Enrollment Services.

Student Disability Services is located in Ferrell Commons, FC Room 132, Orlando campus. Service locations are placed at the regional campuses, as well. Phone (407) 823-2371 for further information. TDD (407) 823-2116. Email sds@ucf.edu