



UMUC

Disability Services

**STUDENT CONTACT FORM**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Status: Undergraduate \_\_\_\_\_ New Student \_\_\_\_\_ Current Student \_\_\_\_\_  
Graduate \_\_\_\_\_ New Student \_\_\_\_\_ Current Student \_\_\_\_\_  
Visiting Student - Term Only \_\_\_\_\_

What is the nature of your disability? (Please check all that apply)

Legally Blind / low vision

Deaf / Hard of Hearing

Learning Disability / Attention Deficit Hyperactivity Disorder

Mobility / Chronic health issues

Psychological / Psychiatric / Mental Health

**Documentation of your disability is required in order to determine your eligibility for academic accommodations. Please have you medical professional send us documentation of your disability with the functional limitation clearly outlined which would keep you from having an equal opportunity to your educational program.**

**The Disability Services office has my permission to discuss my disability accommodations with my medical professional and with UMUC departments for the purpose of arranging my academic accommodations. Please sign this FERPA release form.**

**I understand and voluntarily agree to these terms as indicated by my signature.**

\_\_\_\_\_  
**SIGNATURE or e-signature required**

\_\_\_\_\_  
**DATE**

Return contact form to: [disabilityservices@umuc.edu](mailto:disabilityservices@umuc.edu)  
Disability Services  
3501 University Boulevard, East  
Largo, Suite 2441  
Adelphi, MD 20783  
Phone: 240-684-2287