



Disability Documentation for Section 504 and Americans with Disability Act

Completion of this form is voluntary. However, if there is no voluntary disclosure and documentation of disability, the United States Sports Academy will not be able to provide accommodations. None of the information supplied on this form will be used to discriminate against you in any manner. This information will remain confidential.

Please print:

Date: _____

Name: _____
Last First Middle Initial

Student#: _____

Address: _____
Street City State/Prov Postal Code

Phone Number: _____

If you do not require any accommodations due to your disability, check below and sign the bottom of the form. You need not complete other sections of the form.

_____ I do not require accommodations at this time. I realize that if I have future needs, I must provide documentation of disability if I have not already done so.

1. Check all disabilities that apply:

- _____ ADD or ADHD
- _____ Blindness
- _____ Deafness
- _____ Health Related Impairment (please specify) _____
- _____ Hearing Impairment
- _____ Learning Disability
- _____ Orthopedic/Mobility Impairment
- _____ Psychological Disability
- _____ Visual Impairment
- _____ Other (please specify) _____

2. Submit supporting documentation by a qualified evaluator of your disability.

_____ attached _____ to be submitted _____ previously submitted

Diagnosis and supporting documentation must have been made within the last 3 years.

3. What impact does your disability have in an academic setting?

4. What academic accommodations have you previously used?

I understand that no accommodations will be made by the United States Sports Academy until acceptable documentation of disability is on file in the Student Services Department.

Student Signature

Date

Return to:
United States Sports Academy
Attn: Registrar
One Academy Drive
Daphne, AL 36526
Phone: 1-800-223-2668
Fax: (251) 625-1035