



UNIVERSITY
of HAWAII®
HILO

Disability Services

200 W. Kawili St.
Hilo, HI 96720
Student Services Center (SSC) Room E-230
<http://hilo.hawaii.edu/studentaffairs/uds>
Phone (808) 932-7623
Fax (808) 932-7768
TTY (808) 932-7002
Email uds@hawaii.edu

Application for Services and Accommodations

Please allow at least two weeks (or more during the summer before the first term of entry) for Disability Services (DS) to review your application and supporting documentation. **Please note that your application cannot be reviewed until all documentation is received.** All accommodation requests will be evaluated based on your supporting documentation. Documentation guidelines are available online. After DS has reviewed your application and documentation, you will be contacted to schedule an appointment.

Student Information		
Name	Student ID	DOB (MM/DD/YY)
Address	City, State	Zip
Primary Phone	Other Phone	UH Email @hawaii.edu

History		
Date of onset of disability	Medications, if any	
Description of disability and accommodations needed		
Name of VR Counselor or MH Case Manager	Contact (phone or email)	City, State
List of previous academic accommodations provided		

In Case of Emergency		
Name	Relationship	Phone
Address	City, State	Zip

Confidentiality Statement	
Disability Services has my permission to discuss the nature or type of my disability-related needs with the UHH faculty/staff as needed to provide appropriate services and accommodations.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disclaimer and Signature	
By signing the Application for Services and Accommodations, I understand that it is my responsibility to notify the DS office in advance of the request for services and accommodations. Moreover, I affirm that the information contained herein is accurate as of the date indicated below and I acknowledge my responsibility to provide DS with any necessary updates. I hereby authorize DS to use the information included in this application in their database and as a guideline in the provision of services and accommodations and acknowledge that said information will be archived within the DS office until date of termination of services and accommodations.	
Signature	Date

By checking the box, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.

Please complete this form, sign, and return to Disability Services at SSC E-230 or mail to the address above.

DS Office Use Only			
Svcs. Start Date		<input type="checkbox"/> Other UHH Departments Notified	Date
Notified Depts.			