

ACCOMMODATION REQUEST AND CONSENT FORM

Universal Technical Institute

Directions:

Complete steps 1 through 3 below and return completed forms to the Student Services Department. Please let the Director of Student Services or designee know if you need assistance in completing the forms or if you have questions.

Step 1:

1. What is the nature of your disability? Please share any formal diagnosis you have received.

2. When did you receive the diagnosis? Who made the diagnosis?

3. Please describe briefly how your disability affects your work in the classroom, when studying, when operating training equipment, and how it affects any major life activities.

4. Please tell us about the accommodations you are requesting. Include specific information such as the nature of any adaptive equipment and the length of any extra time requested. Also, please explain how the requested accommodation addresses your disability.

5. If you received accommodations in previous academic settings, please tell us where you received accommodations and describe in detail the accommodations that you received.

6. Please share any additional information that would be helpful (e.g., any assistance that you may need in the event of a building evacuation, etc.).

CONSENT AND AUTHORIZATION TO DISCLOSE INFORMATION

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Step 2:

I am a potential applicant, applicant, or student at UTI. I voluntarily disclosed my disability, medical and/or health condition to a member of the Student Services Department, and I have requested an accommodation and/or modification in UTI's policies, practices or procedures and/or provision of an auxiliary aid(s) or service(s).

I authorize the Director of Student Services and/or designee to discuss the facts and circumstances surrounding my request with anyone at UTI that the Director or designee deems reasonably necessary to evaluate and implement my request. This may include the Director of Education, Education Manager(s), Instructor(s), Facilities Director, and the Student Affairs Advisor(s).

I also authorize the Director or designee to discuss the facts and circumstances surrounding my request with each of the following individuals outside of UTI:

I certify and agree that the facts contained in the above Accommodation Request and Consent Form and the Consent and Authorization to Disclose Information is true and correct.

Signed this _____ day of _____ 20____.

Applicant/Student Name (please print)

Applicant/Student Signature

DOCUMENTATION REQUIREMENTS

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Step 3:

To assist UTI in evaluating requests for accommodations, students with disabilities who seek modifications must provide documentation of the reported disability to the Director of Student Services or designee. Students should provide the Director of Student Services or designee with:

1. **Copies of any IEPs and Section 504 or other individualized plans.** The Student Services Department will evaluate these documents on a case-by-case basis; however, additional and more current documentation may be required.

OR

2. **Signed and dated certification on letterhead from an appropriately licensed health care provider,** which (a) describes any physical or mental impairment that substantially limits a major life activity; (b) identifies the major life activity(ies) impacted; (c) describes how the impairment affects the student's ability to participate in UTI's courses, programs, services, and/or activities; and (d) specifically describes any accommodation or modification recommended and the relationship between the requested modification and the impairment.

Directions to Health Care Provider: Please provide the information below on letterhead. Documentation should be signed, dated, and provided to the student who will submit to the Student Services Department for review.

1. Describe the student's physical or mental impairment that substantially limits a major life activity;
2. Identify the major life activity(ies) that are impacted;
3. Describe how the impairment affects the student's ability to participate in UTI's courses, programs, services, and/or activities; and
4. Describe any accommodation or modification recommended and the relationship between the requested modification and the impairment.