Student Transitory Impairment Disclosure Form

It is essential that the information on this form is filled out in full as it is considered in the eligibility determination process. Timely submission of materials is vital for the timely provision of accommodations. Documentation in accordance with university documentation guidelines may be requested.

Individuals are recommended to first meet and discuss with appropriate personnel (instructor, RA, etc.) the impact, duration and functional limitations of the temporary impairment within the classroom and/or residence hall before meeting with Student Accessibility Services.

Name______________________________________________________________

Student ID 95 ______________________

Contact Number:_____________________________________________________

1. What is the nature of the impairment you are requesting accommodations for?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

2. In your own words, please describe the current impact and functional limitations of the impairment:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

3. What is the duration of your condition and how long do you anticipate needing accommodations:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
4. Accommodations requested at the University of Vermont:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

I give the Student Accessibility Services office permission to consult with medical and mental health professionals, if necessary, in order to assist the SAS staff with the evaluation of my medical and/or psychological documentation.

Signature_______________________________________________ Date: ______________________

Student Accessibility Services
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The University of Vermont
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