

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.

Date:			
Name:			
Last	First	Middle Initial	
Student#:			
Address:			
Street	City	State/Prov	Postal Code
Phone Number:			
bottom of the form. You need I do not require accomprovide documentation of dis	modations at this time. I r	ealize that if I have future	e needs, I must
	ability if I have not alread	y done so.	

Student Signature	Date
I understand that no accommodations will be n acceptable documentation of disability is on fil	nade by the United States Sports Academy until le in the Student Services Department.
4. What academic accommodations have you	previously used?
3. What impact does your disability have in ar	academic setting?
Diagnosis and supporting documentation must	have been made within the last 3 years.
Submit supporting documentation by a quali attached to be submitted previ	· · · · · · · · · · · · · · · · · · ·

Return to:

United States Sports Academy

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