Impact Statement

Use this form to request disability accommodations. This form may be completed alone or with an accessibility services staff member. You may attach additional pages if necessary. In addition to your response, you may also ask others who currently know you or have observed you to submit answers to these questions in a separate document.

Name:	Date:
Email:	
Program of study:	
substantially limiting your ability to lea	
Documented disability:	
Describe in 240s 0100 2cTi (tregail) 26 (nous \$] To Je	e how the diagnosed condition has impacted and substantially