Center for Student Well Being
Disability Eligibility Form

In order for individuals to be eligible to receive accommodations at AUC, the following information is required:

Name: ____________________________  ID: __________________

1. Diagnosis of Disability: ________________________________

2. Major life activities that the disability impairs:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

3. Severity of disability:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

4. Functional/educational limitations:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

5. Recommended accommodations:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

Name of assessor (please print): __________________________

Contacts: ______________________________________________

Signature: ____________________________  Date: ____________