

Please describe how your disability affects your major life activities (examples of “major life activities” include but are not limited to learning, concentrating, sleeping, speaking, eating, reading),

Please list the accommodations you are requesting:

By signing below, I certify that the information I have provided in this application is, to the best of my knowledge, true, complete, and accurate. By signing below, I acknowledge that I understand the accommodations process requires my full participation and interaction with the Student Access Center.

o)

Assistance provided (if applicable)

This application and any supporting documentation, which will remain confidential under the scope of pertinent laws regarding postsecondary education, can be submitted via ground mail, email, or fax to:

For students taking classes on the Biddeford Campus

Student Access Center
University of New England
11 Hills Beach Road
Biddeford, ME 04005
Phone: 207-62-2119
Fax: 207-602-5971
Email: bcstudentaccess@une.edu

For students taking classes on the Portland Campus

Student Access Center
University of New England
716 Stevens Avenue
Portland, ME 04103
Phone: 207-221-4438
Fax: 207-523-1919
Email: pcstudentaccess@une.edu

Documentation guidelines can be found at [une.edu/student-access-center/request-for-](http://une.edu/student-access-center/request-for-accommodations)