

**Please PRINT legibly:**

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_ Panther ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

University Address - Campus: \_\_\_\_\_ Location: \_\_\_\_\_

Department: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Classification (Circle one): Faculty    Administrative    Staff    Temporary    Other

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you currently registered with the Office of Equal Opportunity Programs & Diversity:    Yes    No

If yes, with what type of disability?    Hearing    Speech    Learning    Physical    Visual    Medical

If other, please specify: \_\_\_\_\_

Please describe the accommodation you are requesting at this time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you registering a new disability?    Yes    No

If yes, indicate type of disability:    Hearing    Learning    Medical    Physical    Speech    Visual    Other

Are you presently under a physician's care?    Yes    No

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of an emergency, who would you like EOPD to contact?

Name: \_\_\_\_\_ Primary #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Secondary #: \_\_\_\_\_

**Please submit completed form to:**

Email: [eopd@fiu.edu](mailto:eopd@fiu.edu)

or

Equal Opportunity Programs & Diversity  
Florida International University  
11200 SW 8th Street, PC 321  
Miami, Florida 33199