

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 Inclusion, Diversity, Equity, & Access (IDEA): 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 IDEA to contact?

Name: _____ Primary #: _____

Relationship: _____ Secondary #: _____

Please submit completed form to:

Inclusion, Diversity, Equity, and Access (IDEA)

Florida International University

11200 SW 8th Street, PC 321

Miami, Florida 33199

IDEA@fiu.edu