



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.

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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

For students taking classes on the Portland 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](mailto:bcstudentaccess@une.edu)

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](mailto: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)