

## E370 Disability Cover Sheet

This form is not intended to take the place of any forms you may have filled out for the university. Its primary purpose is clerical. Please fill out this form completely, attach your supporting documentation and present it to Professor Camp by the appointed due date for the semester of registration. (See course syllabus for this date.)

---

Name as known by the Indiana University Registrar: (Print or Type)

---

Family Name	Given Name	MI
-------------	------------	----

Indiana University username: \_\_\_\_\_

E370 Team Number: \_\_\_\_\_

Please note anything **specific or unusual** that your professor ought to know so that we may be better prepared to facilitate your continued participation in this course.

---

---

---

---

---

---

---

---

---

---

Signature: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)