

Claim for reimbursement of costs through Disabled Students' Allowances (DSA) - 2014/15

Personal Details

Customer Reference Number	Name	University or College
Date of Birth	Address	Course
	Postcode	

Complete this form to claim any costs you have had to pay in connection with your studies due to a reason relating to your disability, long term health condition, mental health condition or specific learning difficulty.

What, and how much, you can claim for depends on your needs.

You have been sent a letter giving you details of the costs you can claim. This letter is only sent once.

If you require further information on what you can claim for, please contact us on 0300 100 0607.

Our data protection statement sets out who will use the information provided on this form and what they will use it for. Before signing this form please read this statement online at **www.gov.uk/studentfinance**.

Alternatively, you can request a copy by writing to the Student Loans Company (SLC) at 100 Bothwell Street, Glasgow or by calling us on 0300 100 0607.



Claim for reimbursement of costs through DSA - 2014/15

Please attach receipts or invoices as evidence of your purchases.
Please do not include items which are invoiced directly to us.

Details of your costs e.g. photocopying	Amount (£) e.g. £1.00	Name and address of supplier e.g. Printstore, 10 High Street
---	---------------------------------	--

--	--	--

Total claimed £

Declaration

If you cannot sign this form, it must be signed on your behalf by your Power of Attorney. The Power of Attorney letter must be sent with this form before a signature from that Power of Attorney will be accepted.

- I have incurred the expenses shown on this form.
- I will inform you of any changes that occur.

Your full name (in BLOCK CAPITALS)

Signed

Today's date