

2019/20

### 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, mental health condition or specific learning difficulty. For example:

- Travel costs.
- Books in Braille.
- Consumables (batteries, cartridges, paper).
- Additional costs of university or college accommodation.

Please note that the above list is not exhaustive. If you require further information on what you are entitled to claim for, contact us on 0300 100 0607.

To find out how we'll use the information you provide go to [www.gov.uk/studentfinance](http://www.gov.uk/studentfinance) to read our Privacy Notice before completing this form.

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.

If we become aware of fraudulent activity we will share the supplier details you give us with Cifas. You need to tell your suppliers that you've given us their details.



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	Amount (£)	Name and address of supplier
<b>Total claimed</b>	£ <input style="width: 100px;" type="text"/>	

**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** (DDMMYYYY)


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