Request for temporary Disabled Student Allowance support form



About this form

This form should be used when your university or college has decided that they're unable to provide the support you require and you've submitted a formal appeal to your university or college.

provide the support you require and you've submitted a formal appeal to your university or college		
Ask your university or college to scan and emai disability_adviser@slc.co.uk	I your completed form to:	
First name(s)	urname	
Customer Reference Number Type of support needed	Date of birth (DDMMYYYY)	
Student Declaration		
I confirm that I have discussed my support needs wi or college and have shared the relevant parts of my needs assessment report with them. The support that reasonable adjustment by my university or college us made a formal appeal to my university or college.	Disabled Students' Allowance study at I have requested is not deemed a	
If my appeal is successful and it is determined that the within the meaning of the Equality Act 2010, I agree (SLC) may seek repayment of these costs directly from and I will offer reasonable support and assistance to	that the Student Loans Company Limited om the university or college on my behalf	
Your full name		
Your signature (in ink)	Today's date (DDMMYYYY)	
X		

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University or College Declaration

I confirm that after discussing the student's support needs, we are unable to provide the support requested, as it is not deemed a reasonable adjustment within our current policy. I confirm that the student has submitted a formal appeal to request that the support is made available to them. If the student's appeal is successful (either with ourselves as the university or college, or with the Office for the Independent Adjudicator (OIA)) and it is determined that it is our responsibility to provide the support identified in this form, we agree to reimburse SLC or the cost of the temporary support identified in this form.

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

First name(s)	
Surname	
University or college name	
	University or college stamp
Job title	Telephone number
Email address	Date appeal submitted (DDMMYYYY)
Your signature (in ink)	Todovia data (DDMMVVVV)
X	Today's date (DDMMYYYY)

SLC Declaration

To be completed by SLC when the case is deemed eligible for interim funding under the Exceptional Case Process.

Having received details of the support required and on receipt of the declarations made in this form, we agree to fund the costs of this support on an interim basis pending the outcome of the appeal process.

Should the university or college appeals process or OIA decide that the requested support should be provided as a reasonable adjustment, it will then be the responsibility of SLC to seek repayment from the university or college for the interim period. This will be done on the student's behalf.

Your full name	
Your signature (in ink)	Today's date (DDMMYYYY)
X	

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