

# Request for temporary Disabled Student Allowances 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.

**Ask your university or college to scan and email your completed form to [disability\\_adviser@slc.co.uk](mailto:disability_adviser@slc.co.uk)**

First name(s)

Surname

Customer Reference Number

Date of birth

DAY MONTH YEAR

Type of support needed

## Student Declaration

I confirm that I have discussed my support needs with the disability adviser at my university or college and have shared the relevant parts of my Disabled Students' Allowances study needs assessment report with them. The support that I have requested is not deemed a reasonable adjustment by my university or college under their current policy. I have now made a formal appeal to my university or college.

If my appeal is successful and it is determined that the support is a reasonable adjustment within the meaning of the Equality Act 2010, I agree that the Student Loans Company Limited (SLC) may seek repayment of these costs directly from the university or college on my behalf and I will offer reasonable support and assistance to help with this process.

Your full name

Your signature (in ink)

Today's date

DAY MONTH YEAR

## 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 for the cost of the temporary support identified in this form.

First name(s)

Surname

University or college name

Job title

Email address

Your signature (in ink)

University or college stamp

Telephone number

Date appeal submitted

DAY MONTH YEAR  
□ □ / □ □ / □ □ □ □

Today's date

DAY MONTH YEAR  
□ □ / □ □ / □ □ □ □

## 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

SLC signature (in ink)

X

Today's date

DAY MONTH YEAR  
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