



DISPENSATION CERTIFICATE APPLICATION

Name: _____

Address: _____

City, State Zip: _____

Daytime phone: _____

Evening phone: _____

Facsimile: _____

Email: _____

Date of Birth: _____

USEF #: _____

Discipline: _____

Grade and Profile # (if avail.): _____

Briefly explain how your disability affects you in everyday living skills i.e., strength, mobility, etc. (also include medical diagnosis):

List the compensating aids and adaptive equipment you are requesting:

List the exceptions to dress requested:

List any other allowances requested:

**PLEASE RETURN APPLICATION WITH MEDICAL DOCUMENTATION TO LAUREEN VIA FAX 908-234-9417,
EMAIL, LKJOHNSON@USEF.ORG,
OR MAIL TO USEF, PO BOX 83, GLADSTONE, NJ 07934**